SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 1/08



Electronic Filing

Page 1 of 120

SUMMARY PAGE

					1102					
1.NAME OF COMMITTEE							2. TYP	E OF COMMITTEE		
Foley For Governor, In	с.						х	Candidate Committee Exploratory Committee		
3. TREASURER NAME										
Title	First Larry			MI J	Last Lawrence			Suffix		
4. TREASURER ADDRESS										
Street Address			City			State	2	Zip Code		
40 Brookridge Dr		ст	•	06830						
5. ELECTION DATE			6. O	FFICE SOUG	HT (if applicable)		7. DISTR	ICT CODE (if applicable)		
11/02/2010		Governor								
8. CANDIDATE NAME .										
Title First MI Last Suffix Thomas C Foley										
9. TYPE OF REPORT										
2nd Supplemental Statement General Election - Original										
10. PERIOD COVERED										
		Beginning Date			Ending Date					
		10/22/2010	thru	ı	10/27/2010					
			11. CER	TIFICATION						
on this Itemiz	I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.									
Electronic Filing SIGNATURE		Sunghi Frauen PRINT NAME OF THI	E SIGNE	ER.		8/2010 CERTIFIED				
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.										

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement Candidates for Statewide Offices and General Assembly CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 1/08

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE						
Foley For Governor, Inc.							
	COLUMN A This Period	COLUMN B Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$1,057,354.04						
14. Contributions received from Individuals (Section A and B)	\$47,838.00	\$1,574,734.51					
15. Receipts from Other Committees (Sections C1 + C2)	\$1,950.00	\$6,250.00					
16. Other Monetary Receipts (Section D-I)	\$1,000,000.00	\$10,854,833.76					
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00					
18. Total Monetary Receipts (add totals for lines 14-17)	\$1,049,788.00	\$12,435,818.27					
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$2,107,142.04	\$12,435,818.27					
20. Expenses Paid by Committee (Section N)	\$1,864,188.63	\$12,192,864.86					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$242,953.41	\$242,953.41					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00					
23. In-Kind Contributions Received (Section K)	\$750.00	\$10,879.07					
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$412.08					
26. Beginning Loan Balance	\$9,851,000.00	\$9,851,000.00					
26a. + Loans Received (Section D)	\$1,000,000.00	\$10,851,000.00					
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
26c Payments on Loan(s)	\$0.00	\$0.00					
26d. Total Outstanding Loan Amount	\$10,851,000.00	\$10,851,000.00					
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00					
28. Expenses Incurred on Committee Credit Card (Section P)	\$7,034.14	\$70,793.15					
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$7,034.14						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$24,592.44						

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE								FILING	G DUE DATE
Foley For Governor, Inc.									
A. Total Contributions from	m Small (Contributors-Received th	is Perio	d ONLY	7				
(See instructions for definition of Small	Contributor)			Sub	total Section A	\$0.00			
		B. Itemized Contribution	ons from	Individu	ıals				
Last Name	First Name		MI		contribution:		Contribution	n ID#	Amount of
Belfonti	Michael			Cash Money	Persona y Order X Credit/E	l Check Debit Card	1685		Contribution
Residential Street Address	•	City	•	State	Zip Code	D	ate Received		
2319 Whitney Ave Ste 1A		Hamden		СТ	06518-3534	1	0/22/2010		
Principal Occupation		Name of Employer		•	Is this contribution asso			Yes	
Real Estate		MCR Property Management, 1	Inc.		fundraising event listed If yes, list Event #	l in Section .	J1?	No	
Is contributor a principal of a state contractor	or prospostivo	Yes X No			·	\neg			•
Is contributor a principal of a state contractor state contractor?	of prospective	Yes X No		utor a lobbyis child of a lob		Aggre	egate Contribut	ions 00.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res x	No		ΨΖ	00.00	\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution	n ID#	Amount of
Borland	Margaret			Cash	Persona V Order X Credit/E	l Check Debit Card	1686		Contribution
D 11 210 111				 			Note Descious		
Residential Street Address 421 Willow Well Ct		City Cheshire		State CT	Zip Code 06410-2045		0ate Received 0/22/2010		
Principal Occupation		Name of Employer		<u> </u>	Is this contribution asso				
Controller		MCR Property Management I	nc.		fundraising event listed		J1?	Yes	
					If yes, list Event #			NO	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis		Aggre	gate Contribut	ions	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	I -	res x	•		\$!	50.00	\$50.00
Last Name	First Name		MI	Method of	contribution:		Contribution	n ID#	Amount of
Corson	Mary			Cash	Persona V Order X Credit/F	l Check Debit Card	1687		Contribution
D 11 210 111				 	<u> </u>		Descional		
Residential Street Address 75 Field Point Cir		City Greenwich		State CT	Zip Code 06830-7072		0ate Received 0/22/2010		
Principal Occupation		Name of Employer			Is this contribution asso			Yes	
Homemaker		Homemaker			fundraising event listed		J1? '	Y es No	
					If yes, list Event #			140	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggre	egate Contribut		
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	1 ~	res x	*		\$3,00	00.00	\$1,000.00
Last Name	First Name		MI		contribution:		Contribution	n ID#	Amount of
Gibbon	Patrick			Cash Money	Persona V Order X Credit/E	l Check Debit Card	1688		Contribution
Residential Street Address	Į.	City		State	Zip Code		ate Received		
4 Butternut Ln		Stratford		CT	06614		0/22/2010		
Principal Occupation		Name of Employer		-	Is this contribution asso	ociated with	a	Yes	
Principal		Morgan Partnership			fundraising event listed	in Section .	J1?	No	
		L			If yes, list Event #				
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggre	egate Contribut		
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res x	-		\$2!	50.00	\$250.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name Harvey	First Name Walter		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution 1	ID#	Amount of Contribution
Residential Street Address 164 Foote Rd		City South Glastonbury	I	State CT	Zip Code 06073-3309		e Received /22/2010		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associal fundraising event listed in the second of the second second in the second sec			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob yes	byist?	Aggregat	te Contributio \$100	ons 0.00	\$100.00
Last Name Nicholas	First Name Phyllis		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck	Contribution 1	ID#	Amount of Contribution
Residential Street Address 40 Howard Rd		City Greenwich		State CT	Zip Code 06831-3104		e Received /22/2010		
Principal Occupation Homemaker		Name of Employer Homemaker		•	Is this contribution associal fundraising event listed in S If yes, list Event #		, <u> </u>	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregat	te Contributio		\$500.00
Last Name Preston	First Name Steve		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution 1	ID#	Amount of Contribution
Residential Street Address 49 High St		City Farmington		State CT	Zip Code 06032-2314		e Received /22/2010		
Principal Occupation CEO		Name of Employer Oakleaf			Is this contribution associate fundraising event listed in St. If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contributio \$1,000		\$1,000.00
Last Name Webert	First Name Magalen		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck	Contribution 1	ID#	Amount of Contribution
Residential Street Address 6521 SE Harbor Cir		City Stuart		State FL	Zip Code 34996-1953		e Received /22/2010		
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associal fundraising event listed in S If yes, list Event #		,	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contributio \$50	ons 0.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Foley For Governor, Inc.								
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Jacobson	First Name William		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 16	ntribution ID #	Amount of Contribution
Residential Street Address 224 Chancellors Park Ct		City Simpsonville		State SC	Zip Code 29681-3393	Date Re	eceived 3/2010	
Principal Occupation President		Name of Employer Triumph Aerospace Systems	:		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$250.00	\$250.00
Last Name Reid	First Name R. Glen		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 16	ntribution ID #	Amount of Contribution
Residential Street Address 89 Comstock Hill Rd		City New Canaan		State CT	Zip Code 06840-5219	Date Re 10/23	eceived 3/2010	
Principal Occupation High Yield Bond Analyst		Name of Employer Royal Bank of Scotland		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$25.00	\$25.00
Last Name Tashlein	First Name Eric		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 16	ntribution ID #	Amount of Contribution
Residential Street Address 465 Golf Rd		City Orange		State CT	Zip Code 06477-2115	Date Re	eceived 3/2010	
Principal Occupation Financial Planner		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name DeMichiel	First Name Gregory		MI A	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 16	ntribution ID#	Amount of Contribution
Residential Street Address 15 Northington Dr		City Avon		State CT	Zip Code 06001-2361	Date Re 10/24	eceived 1/2010	
Principal Occupation Real Estate Management		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$133.00	\$133.00

		I. MONETARY RI	ECEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE								FILING	G DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribu	tions fron	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution	ı ID#	Amount of
Dworak	Bruce			Cash Money	y Order X Credit/Deb		1697		Contribution
Residential Street Address		City		State	Zip Code	Da	te Received		
72 Willowbrook Rd		Cromwell		СТ	06416-1124	10)/24/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			Yes	
Business Owner		Hobson & Motzer	_		If yes, list Event #		х	No	
Is contributor a principal of a state contractor state contractor?	or prospective	\square Yes \square No		utor a lobbyis	-	Aggreg	gate Contributi	ons	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob	-		\$10	00.00	\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution	ı ID#	Amount of
Hess	Karen			Cash Money	y Order		1698		Contribution
Residential Street Address		City		State	Zip Code	Dar	te Received		
11 Charcoal Hill Rd		Westport		СТ	06880-1633	10)/24/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			Yes	
None		None			If yes, list Event #	Section 51	х	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggreg	ate Contributi	ions	
state contractor? Is yes, indicate which branch or branches of			Î	child of a lob	•		\$2,00	00.00	\$1,000.00
government the contract is with:		Executive Legislative	+			<u> </u>			
Last Name Morris	First Name David		MI	Method of Cash	contribution: Personal Cl	heck	Contribution	ID#	Amount of Contribution
	Juviu			_	y Order X Credit/Deb	it Card	1699		Contribution
Residential Street Address		City		State	Zip Code		te Received		
123 Old Belden Hill Rd		Norwalk		СТ	06850-1359	10	0/24/2010		
Principal Occupation		Name of Employer Retired			Is this contribution associa fundraising event listed in		, ப	Yes	
Retired		Retired			If yes, list Event #		x	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggreg	ate Contributi	ons	
state contractor? Is yes, indicate which branch or branches of		Executive Legislative	Î	child of a lob	•		\$1	10.00	\$10.00
government the contract is with: Last Name	First Name	Executive Eegistative	MI MI	1	contribution:	<u> </u>	0 . 7 . 7	ID #	
Mozzicato	Maria		IVII	Cash	Personal Cl	heck	Contribution 1700	1 ID#	Amount of Contribution
		1		Money	y Order X Credit/Deb	it Card	1700		
Residential Street Address		City		State	Zip Code		te Received		
56 Fox Holw		Avon		СТ	06001		0/24/2010		
Principal Occupation Vice President		Name of Employer NE Moves Mortgage, LLC.			Is this contribution associa fundraising event listed in			Yes	
Tiss i resident					If yes, list Event #		х	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggreg	ate Contributi	ions	
Is yes, indicate which branch or branches of		Executive Legislative		es x	-		\$5	50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							1	FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name Orourke	First Name Patrick		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution 1701	ID#	Amount of Contribution
Residential Street Address 38 Stowe Dr		City Shelton		State CT	Zip Code 06484-4834		e Received /24/2010		
Principal Occupation Operations Manager		Name of Employer TC Facility Services			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ste Contribution \$10	ons 0.00	\$100.00
Last Name Crawford	First Name Alexander	r	MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution 1702	ID#	Amount of Contribution
Residential Street Address 11 Pine Ridge Rd		City Greenwich		State CT	Zip Code 06830-4013		e Received /25/2010		
Principal Occupation Wealth Management		Name of Employer ZBI			Is this contribution associa fundraising event listed in If yes, list Event #		? X 1	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution	ons 0.00	\$100.00
Last Name Kerr	First Name Allen		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution 1703	ID#	Amount of Contribution
Residential Street Address 37 Horse Heaven Rd		City Washington		State CT	Zip Code 06793-1504		e Received /25/2010		
Principal Occupation Attorney		Name of Employer State of Connecticut			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution	ons 0.00	\$50.00
Last Name Laub	First Name George		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution	ID#	Amount of Contribution
Residential Street Address 112 Turtle Back Rd		City New Canaan		State CT	Zip Code 06840-2622		e Received /25/2010		
Principal Occupation Venture Capital		Name of Employer Council Tree Investors, Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event #		? x 1	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio	ons 0.00	\$250.00

		I. N	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Rust	Stephen				Cash Money	y Order X Credit/De		1705		Contribution
Residential Street Address	1	City			State	Zip Code	D	ate Received		
53 Van Rensselaer Ave		Stamford	ı		СТ	06902-8018	1	0/25/2010	0	
Principal Occupation		Name of E	mployer		-	Is this contribution associ			Yes	
Senior Vice President		Diageo				fundraising event listed in If yes, list Event #	Section I	11? x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	I '┌─	child of a lob	*		\$5	500.00	\$500.00
government the contract is with: Last Name	First Name	LACCULIVE	Legislative	МІ		contribution:	<u> </u>	1	"	<u> </u>
Wasmer	Pedro			E	Cash	Personal C	Check	Contribution 1706	on ID #	Amount of Contribution
					Money	y Order X Credit/De	bit Card	1700		
Residential Street Address		City			State	Zip Code		ate Received		
201 Old Academy Rd		Fairfield			СТ	06824-7162		0/25/2010	0	ļ
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in		_{11?}	Yes	
Retired		Retired				If yes, list Event #		<u>x</u>	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	gate Contribu	ıtions	İ
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob	-		\$2,5	500.00	\$500.00
government the contract is with: Last Name	First Name	Executive	Legislative	I MI		contribution:	<u> </u>	1		
Alciati	Fred			IVII	Cash	X Personal C	Check	Contribution 1707	on ID #	Amount of Contribution
					Money	y Order Credit/De	bit Card	1707		
Residential Street Address		City			State	Zip Code		ate Received		
18 Valley View Dr		Farmingt	on		СТ	06032-1908		0/26/2010		ļ
Principal Occupation		Name of Er Retired	mployer			Is this contribution associ fundraising event listed in		in?	Yes	
Retired		Retired				If yes, list Event # 10	202010	<u>a</u> L	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	, 1	Aggre	gate Contribu	utions	ĺ
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob	-		\$1	100.00	\$100.00
government the contract is with:	le ou	Executive	Legislative	+ -	I			1		<u> </u>
Last Name Ashton	First Name Philip			MI T	Cash	contribution: X Personal G	Check	Contribution 1708	on ID #	Amount of Contribution
		1			Money	y Order Credit/De	bit Card	1708		
Residential Street Address		City			State	Zip Code		ate Received		
39 Daffodil Ln		Meriden			СТ	06450-3512	1	0/26/2010	0	ļ
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in		11?	Yes	
Retired		Retired				If yes, list Event # 10		<u>A</u> [No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	utions	ĺ
state contractor? Is yes, indicate which branch or branches of				1 -	child of a lob	•		-	250.00	\$250.00
government the contract is with:	니	Executive	Legislative	<u> Т </u>	res X	INO	1			1

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE								FILING	G DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contributio	on ID #	Amount of
Barry	Robert		J	Cash Money	y Order X Credit/Deb		1709		Contribution
Residential Street Address		City		State	Zip Code		ate Received		
74 Scuppo Rd		Woodbury		СТ	06798-3813	10	0/26/2010)	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			Yes	
Attorney		Sturges & Mathes			If yes, list Event #	Section 5	x	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggre	gate Contribu	itions	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res x	-		\$2	200.00	\$100.00
Last Name	First Name		MI	Method of	contribution:		Contributio	on ID #	Amount of
Berens	Eric		W	Cash Money	y Order		1710		Contribution
Residential Street Address		City		State	Zip Code	Da	ate Received		
253 Haddam Quarter Rd		Durham		СТ	06422-1643	10	0/26/2010)	ļ
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		1^	Yes	
Insurance Underwriter		Allied World Assurance Com	pany		If yes, list Event # 102			No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		Executive Legislative	Î	child of a lob	•		\$5	500.00	\$500.00
government the contract is with:	l _{E: ()}	Executive Legislative	+ -				1		<u> </u>
Last Name Bitel, Jr.	First Name Vincent		MI J	Cash	contribution: X Personal C	heck	Contributio	on ID #	Amount of Contribution
		i		Money	y Order Credit/Deb	it Card	1711		
Residential Street Address		City		State	Zip Code		ate Received		
110 Seaview Ave		Branford		СТ	06405-5444		0/26/2010		
Principal Occupation		Name of Employer Rogers Manufacturing Co.			Is this contribution associa fundraising event listed in		1?	Yes	
Executive		Rogers Manufacturing Co.			If yes, list Event # 102	22010	<u>a</u> L	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of	П	Executive Legislative		child of a lob			\$7	750.00	\$750.00
government the contract is with: Last Name	First Name		I MI	1	contribution:	<u> </u>	Contribution	ID #	
Boord	Maryann		""	Cash	X Personal C	heck	1712	on ID#	Amount of Contribution
		1		Money	y Order Credit/Deb	it Card	1712		
Residential Street Address 139 Tuttle Rd		City Durham		State CT	Zip Code 06422-2208		ate Received 0/26/2010		
				Ci	Is this contribution associa		<u> </u>		ł
Principal Occupation Executive Secretary		Name of Employer State of Connecticut			fundraising event listed in	Section J	1? E	Yes	
			1		If yes, list Event # 102	22010	<u>A</u> L	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggre	gate Contribu		
Is yes, indicate which branch or branches of		Executive Legislative		res x	-		\$2	250.00	\$250.00

		I. MONETARY	RECE	ZIPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. Itemized Cont	ributions	from	Individu	ıals				
Last Name	First Name		M	п	Method of	contribution:		Contributi	on ID#	Amount of
Breck	Susan				Cash Money	Personal C Order Credit/Del		1713		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
571 Round Hill Rd		Greenwich			СТ	06831	1	0/26/201	0	
Principal Occupation		Name of Employer				Is this contribution associ- fundraising event listed in			Yes	
Homemaker		Homemaker				If yes, list Event #	. section .	×	No	
Is contributor a principal of a state contractor	or prospective	Yes			itor a lobbyist		Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	dej	Ye	child of a lob	•		\$!	500.00	\$500.00
Last Name	First Name		M	П	Method of	contribution:		Contributi	on ID#	Amount of
Brown	Eric				Cash Money	/ Order Personal C		1714		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
10 Sheagren Hill Rd		Centerbrook			СТ	06409	1	0/26/201	0	
Principal Occupation		Name of Employer				Is this contribution associ- fundraising event listed in		1^	Yes	
Attorney/Lobbyist		CBIA				If yes, list Event # 103			No	
Is contributor a principal of a state contractor	or prospective	Yes X			itor a lobbyist		Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of		-	de	·	child of a lob	•		\$:	100.00	\$100.00
government the contract is with:	<u></u>	Executive Legislative		∐ Y∈				1		
Last Name Chowaniec	First Name Maria		M	II	Method of o	contribution: X Personal C	Check	Contribution	on ID #	Amount of Contribution
- Chieffel and Chi					Money	Order Credit/Del	bit Card	1715		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
143 Johnnycake Mountain Rd		Burlington			СТ	06013-2011	1	0/26/201	0	
Principal Occupation		Name of Employer Retired				Is this contribution associ- fundraising event listed in		J1?	Yes	
Retired		Retired				If yes, list Event # 100	082010	<u>ia</u> L	No	
Is contributor a principal of a state contractor	or prospective	Yes X			itor a lobbyist		Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive Legislative	de	ependent o	child of a lob	-		9	\$40.00	\$20.00
government the contract is with: Last Name	First Name	Executive Legislative	MI			contribution:		1		
Clark	Michael		M	11	Cash	contribution: X Personal C	Check	Contribution 1716	on ID #	Amount of Contribution
					Money	Order Credit/Del	bit Card	1/16		
Residential Street Address		City			State	Zip Code		ate Received		
18 Morgan Pl		Unionville		,	СТ	06085-1178	_	.0/26/201		
Principal Occupation		Name of Employer UTC and University of	New Have	ın		Is this contribution associ- fundraising event listed in		J1?	Yes	
Professor/Manager		ore and oniversity of	TOW HAVE	1		If yes, list Event # 103	202010	<u>ia</u> L	No	
Is contributor a principal of a state contractor	or prospective	Yes X			itor a lobbyist		Aggre	gate Contribu	utions	
Is yes, indicate which branch or branches of		Executive Legislative	de	ependent o	child of a lob	-		\$2	250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILI	NG DUE DATE		
Foley For Governor, Inc.										
		B. Itemized Contribut	ions fron	Individu	ıals					
Last Name Cole	First Name Jean		MI E	Cash	contribution: X Personal C	heck 1	ontribution ID #	Amount of Contribution		
Residential Street Address 638 Danbury Rd Unit 63		City Ridgefield		State CT	Zip Code 06877-2728		Received 16/2010			
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event # 091		X Yes			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$50.00	\$50.00		
Last Name Cunningham	First Name Elaine		MI	Cash	contribution: X Personal Conder Credit/Deb	heck 1	ontribution ID #	Amount of Contribution		
Residential Street Address Sonoma Lane		City Middletown		State CT	Zip Code 06457		Received 6/2010			
Principal Occupation Vice President		Name of Employer Rogers Manufacturing Co.		•	Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1?	X Yes			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$250.00	\$250.00		
Last Name Danziger	First Name Frederick		MI	Cash	contribution: Personal C	heck 1	ontribution ID #	Amount of Contribution		
Residential Street Address 51 John St		City Greenwich		State CT	Zip Code 06831-2608		Received 16/2010			
Principal Occupation Executive		Name of Employer Griffin Land & Nurseries Inc.			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$1,000.00	\$1,000.00		
Last Name DeDominicis	First Name Dante		MI	Cash	contribution: X Personal C	heck 1	ontribution ID #	Amount of Contribution		
Residential Street Address 275 Maple Ave		City Cheshire		State CT	Zip Code 06410		Received 6/2010			
Principal Occupation Office Manager		Name of Employer Maisano Bros. Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1?	X Yes			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate	Contributions \$100.00	\$100.00		

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE								FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name DeFilio	First Name Anthony		MI	Cash	contribution: Personal Cl y Order X Credit/Deb		Contribution	n ID#	Amount of Contribution
Residential Street Address 66 Cesca Ln		City Durham		State CT	Zip Code 06422-1639		nte Received 0/26/2010		
Principal Occupation CPA		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event # 102			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$50	ions 00.00	\$500.00
Last Name Deinard	First Name Theodore		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	n ID#	Amount of Contribution
Residential Street Address 39 Birch Ln		City Greenwich		State CT	Zip Code 06830-3912		nte Received 0/26/2010		
Principal Occupation Managing Director		Name of Employer Quadrant Management, Inc		•	Is this contribution associa fundraising event listed in If yes, list Event # 091		1? ഥ	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$1,00	ions 00.00	\$1,000.00
Last Name DeNardis	First Name Larry		MI	Cash	contribution: X Personal Cl		Contribution	n ID#	Amount of Contribution
Residential Street Address 790 Still Hill Rd		City Hamden		State CT	Zip Code 06518-1105		nte Received 0/26/2010		
Principal Occupation Educator, Consultant, Writer		Name of Employer Self-Employed			Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1	1? ഥ	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes X	byist?	Aggreg	gate Contribut \$50	ions 00.00	\$250.00
Last Name DeNardis	First Name Larry		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	n ID#	Amount of Contribution
Residential Street Address 790 Still Hill Rd		City Hamden		State CT	Zip Code 06518-1105		nte Received 0/26/2010		
Principal Occupation Educator, Consultant, Writer		Name of Employer Self-Employed		•	Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$50	ions 00.00	\$250.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE								FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name DiNatale	First Name Pasquale		MI	Cash	contribution:		Contribution	n ID#	Amount of Contribution
Residential Street Address 35 Catherine Dr # R		City Durham		State CT	Zip Code 06422-2420		te Received 0/26/2010		
Principal Occupation Self-employed		Name of Employer Self-Employed		•	Is this contribution associa fundraising event listed in If yes, list Event # 102			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	gate Contribut \$5	ions 00.00	\$500.00
Last Name DiPentima	First Name Chris		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb		Contribution	n ID#	Amount of Contribution
Residential Street Address 400 Summit Dr		City Durham		State CT	Zip Code 06422		te Received 0/26/2010		
Principal Occupation CEO/Attorney		Name of Employer Pegasus Manufacturing			Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$1,0	ions 00.00	\$1,000.00
Last Name Dunn, Jr.	First Name Philip		MI R	Cash	contribution: X Personal C		Contribution	n ID#	Amount of Contribution
Residential Street Address 14 Greencrest Dr		City Farmington		State CT	Zip Code 06032-3150		ite Received 0/26/2010		
Principal Occupation Attorney		Name of Employer Jackson O'Keefe		•	Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$1	ions 00.00	\$100.00
Last Name Fatse	First Name Michael		MI J	Cash	contribution: X Personal Contribution: y Order Credit/Deb		Contribution	n ID#	Amount of Contribution
Residential Street Address 125 High Rock Rd		City Sandy Hook		State CT	Zip Code 06482-1647		ite Received 0/26/2010		
Principal Occupation Business Owner		Name of Employer Premier Graphics		•	Is this contribution associa fundraising event listed in If yes, list Event #		ı? <u>''</u>	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$2	ions 00.00	\$200.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID #	Amount of
Fortier	Mark				Cash Money	y Order X Credit/De		1729		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
160 River Rd		Deep Riv	er		СТ	06417-2116	1	0/26/2010	0	
Principal Occupation Electronic Distributor		Name of En	nployer Electronics Co.			Is this contribution assoc fundraising event listed in If yes, list Event # 10			Yes No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis	t, spouse, or	1	gate Contribu		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I '─	res X	*		\$2	250.00	\$250.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID #	Amount of
Francis	Laura			L	Cash Money	y Order Resonal Credit/De		1730		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
65 Laurelbrook Rd		Durham			СТ	06422-3224	1	0/26/2010	0	
Principal Occupation		Name of En				Is this contribution assoc fundraising event listed in		1^	Yes	
First Selectman		Town of	Durham			If yes, list Event # 10			No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	bbyist?	Aggre	gate Contribu \$2	utions 250.00	\$250.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Francis	Robert				Cash Money	y Order		1731		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
65 Laurelbrook Rd		Durham			СТ	06422-3224	1	0/26/2010	0	
Principal Occupation		Name of En				Is this contribution assoc fundraising event listed is		1^	Yes	
VP/GM Aerospace		GKN Aer	ospace			If yes, list Event # 10			No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	ıtions	İ
state contractor? Is yes, indicate which branch or branches of					child of a lob	•		\$2	250.00	\$250.00
government the contract is with:		Executive	Legislative	+ -	res X	No	<u> </u>	1		<u> </u>
Last Name Francis	First Name Willard			MI	Method of Cash	contribution:	Check	Contribution	on ID #	Amount of Contribution
Trancis	Willard					y Order Credit/De		1732		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
518 Pilgrims Hbr		Wallingfo	rd		СТ	06492	1	0/26/2010	0	ļ
Principal Occupation		Name of Er	nployer			Is this contribution assoc fundraising event listed in		1^	Yes	
Consultant		Self				If yes, list Event # 10			No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	gate Contribu	ıtions	İ
state contractor? Is yes, indicate which branch or branches of	П	Francisco d'	Пъсте		child of a lob	•		\$1	100.00	\$100.00
government the contract is with:		Executive	Legislative	Т п,	es 🔼	INO	1			1

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILIN	G DUE DATE			
Foley For Governor, Inc.											
		B. Itemized Contributi	ons fron	Individu	ıals						
Last Name Gara	First Name Elizabeth		MI	Cash	contribution: X Personal Contribution: Credit/Deb	heck 173	ribution ID#	Amount of Contribution			
Residential Street Address 105 Mattabasset Dr		City Durham		State CT	Zip Code 06422-1908	Date Rec 10/26/					
Principal Occupation Lobbyist		Name of Employer Gara & Markowski, LLC.			Is this contribution associa fundraising event listed in If yes, list Event # 102		X Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	sntributions \$100.00	\$100.00			
Last Name Gavin	First Name Jonathan		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 173	ribution ID #	Amount of Contribution			
Residential Street Address 173 Church St		City Yalesville		State CT	Zip Code 06492-2267	Date Rec 10/26/					
Principal Occupation President		Name of Employer United Concrete Products Inc	:		Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1?	X Yes				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ontributions \$2,000.00	\$2,000.00			
Last Name Higgins	First Name Rhea		MI P	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 173	ribution ID#	Amount of Contribution			
Residential Street Address 461 Laurel Grove Rd		City Middletown		State CT	Zip Code 06457-4930	Date Rec 10/26/					
Principal Occupation Teacher		Name of Employer University of Hartford			Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1?	X Yes				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	spansive spa	\$250.00			
Last Name Hoheb	First Name Christian		MI	Cash	contribution: X Personal C	heck 173	ribution ID #	Amount of Contribution			
Residential Street Address 44 Forest Hills Dr		City Farmington		State CT	Zip Code 06032-3017	Date Rec 10/26/					
Principal Occupation Self Employed		Name of Employer Self Employed		•	Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1?	X Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Co	sntributions \$100.00	\$100.00			

		I. N	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. It	emized Contributi	ons fron	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Holcroft	David				Cash Money	y Order X Personal C		1737		Contribution
Residential Street Address	-	City			State	Zip Code	Е	ate Received		
122 Route 87		Columbia	ı		СТ	06237-1024	1	.0/26/201	0	
Principal Occupation Sole Proprietor		Name of Er	nployer perties LLC			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contrib	utions \$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID #	A
Howard	Bill				Cash Money	Personal C y Order X Credit/De		1738	on id #	Amount of Contribution
Residential Street Address	•	City		-	State	Zip Code	Б	ate Received		
1355 Millbrook Rd		Middletov	wn		СТ	06457-5536	1	.0/26/201	0	
Principal Occupation		Name of E	mployer			Is this contribution associ		1.	Yes	
Attorney		Howard	& McMillan			fundraising event listed in If yes, list Event # 10			No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribi \$3	utions 500.00	\$500.00
Last Name	First Name			MI	Method of	contribution:	•	Contributi	on ID#	Amount of
Howard	Joseph				Cash Money	y Order Personal C		1739		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
24 Mountain Rd		Farmingt	on		СТ	06032-2341	1	.0/26/201	0	
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in		1.2	Yes	
Rest, Hospitality		Self				If yes, list Event # 10			No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contrib	utions	İ
state contractor? Is yes, indicate which branch or branches of					child of a lob	*		-	150.00	\$150.00
government the contract is with:		Executive	Legislative	+ -	res X	No		1		<u> </u>
Last Name Judd	First Name John			MI	Method of Cash	contribution:	Theck	Contributi	on ID#	Amount of Contribution
Judu	301111				_	y Order Credit/De		1740		Contribution
Residential Street Address	-	City			State	Zip Code	Е	ate Received		
80 Squire Ln		Hamden			СТ	06518-1418	1	.0/26/201	0	
Principal Occupation		Name of Er	mployer			Is this contribution associ		1.7	Yes	
Retired		Retired				fundraising event listed in If yes, list Event # 10			No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	-		\$2	200.00	\$200.00
government the contract is with:							1			1

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILIN	G DUE DATE			
Foley For Governor, Inc.											
B. Itemized Contributions from Individuals											
Last Name Kiernan	First Name Peter		MI D	Cash	contribution: X Personal C y Order	heck 1741	oution ID #	Amount of Contribution			
Residential Street Address 428 Round Hill Rd		City Greenwich		State CT	Zip Code 06831-2639	Date Recei 10/26/2					
Principal Occupation CEO		Name of Employer Kiernan Ventures			Is this contribution association fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions 4,500.00	\$1,000.00			
Last Name King	First Name Edgar		MI A	Cash	contribution: X Personal C y Order Credit/Deb	heck 1742	oution ID#	Amount of Contribution			
Residential Street Address 11 Ledgewood Dr		City Farmington		State CT	Zip Code 06032-1064	Date Recei 10/26/2					
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1?	X Yes				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00			
Last Name Koenigsberg	First Name Sue		MI	Cash	contribution: X Personal C y Order	heck 1743	oution ID#	Amount of Contribution			
Residential Street Address 55 E 52nd St		City New York		State NY	Zip Code 10055-0002	Date Recei 10/26/2					
Principal Occupation Assistant to Ken Wilson		Name of Employer Blackrock		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	ributions 3,500.00	\$3,500.00			
Last Name Kulisch	First Name Carlene		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 1744	oution ID#	Amount of Contribution			
Residential Street Address 11 Ludlow Ct		City Branford		State CT	Zip Code 06405-6050	Date Recei 10/26/2					
Principal Occupation Lobbyist		Name of Employer Kulisch Consulting LLC		•	Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1?	X Yes				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00			

		I. MONETARY I	RECEIPT	S (Sectio	n A-I)				
NAME OF COMMITTEE								FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contrib	outions fro	m Individı	uals				
Last Name	First Name		MI		contribution:		Contribution	ID#	Amount of
Lazarou	Isaak			Cash Mone	y Order		1745		Contribution
Residential Street Address		City	·	State	Zip Code	Da	te Received		
661 Ocean Ave		New London		СТ	06320-4445	10	0/26/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			Yes	
Co-Owner Pawn Shop		Self Employed			If yes, list Event #		x	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		ibutor a lobbyis		Aggreg	gate Contribution	ons	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	depende	ent child of a lob	No		\$10	00.00	\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of
Lyman	Jim			Cash Mone	y Order X Personal C Credit/Deb		1746		Contribution
Residential Street Address		City		State	Zip Code	Da	te Received		
1647 Durham Rd		Madison		СТ	06443-8122	10	0/26/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		1^1	Yes	
Insurance Agent		Self			If yes, list Event # 102		1 1	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		ibutor a lobbyis	-	Aggreg	gate Contribution	ons	
state contractor? Is yes, indicate which branch or branches of		Executive Legislative	depende	ent child of a lob Yes	obyist? No		\$25	50.00	\$250.00
government the contract is with:	l _{E' (M}	Executive Legislative				<u> </u>			
Last Name Lyman, Jr.	First Name John		MI	Cash	contribution: Rersonal C	heck	Contribution 1747	ID#	Amount of Contribution
, ,		i		Mone	y Order Credit/Deb	it Card	1/4/		
Residential Street Address		City		State	Zip Code		ite Received		
33 Lyman Rd		Middlefield		СТ	06455-1254		0/26/2010		
Principal Occupation		Name of Employer Retired			Is this contribution associa fundraising event listed in				
Retired		Retired			If yes, list Event # 102	222010/	<u>4</u>	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		ibutor a lobbyis	-	Aggreg	gate Contribution	ons	
Is yes, indicate which branch or branches of	П	Executive Legislative	depende	ent child of a lob Yes	No		\$10	00.00	\$100.00
government the contract is with: Last Name	First Name		MI	1	contribution:	l	Contribution	ID#	
Marino	Lawrence		W	Cash	X Personal C	heck	1748	110#	Amount of Contribution
		i		Mone	y Order Credit/Deb	$\neg r$			
Residential Street Address 88 High St		City Portland		State CT	Zip Code 06480-1638		1/26/2010		
Principal Occupation		Name of Employer		1	Is this contribution associa				
Self-employed		Self-Employed			fundraising event listed in	Section J1			
			•		If yes, list Event # 102	<u> </u>	<u>. </u>	110	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		ibutor a lobbyis int child of a lob		Aggreg	gate Contribution		
Is yes, indicate which branch or branches of		Executive Legislative		Yes x	-		\$25	50.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILIN	G DUE DATE			
Foley For Governor, Inc.											
		B. Itemized Contributi	ions fron	Individu	ials						
Last Name Markowski	First Name Andy		MI	Cash	contribution: X Personal C	heck 17	ontribution ID#	Amount of Contribution			
Residential Street Address 156 Farms Village Rd		City Simsbury		State CT	Zip Code 06070-2322		eceived 6/2010				
Principal Occupation Attorney/Lobbyist		Name of Employer Gara & Markowski,LLC			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00			
Last Name Markowski	First Name Kirsten		MI	Cash	contribution: X Personal C / Order Credit/Deb	heck 17	ontribution ID#	Amount of Contribution			
Residential Street Address 156 Farms Village Rd		City Simsbury		State CT	Zip Code 06070-2322		eceived 6/2010				
Principal Occupation Teacher		Name of Employer Plainville Board of Education		•	Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1?	X Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00			
Last Name Massameno	First Name Samuel		MI J	Cash	contribution: Personal C Order X Credit/Deb	heck 17	ontribution ID #	Amount of Contribution			
Residential Street Address 118 Wilson Pond Rd		City Harwinton		State CT	Zip Code 06791-2815		eceived 6/2010				
Principal Occupation Executive		Name of Employer K-Tech International, Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$25.00	\$25.00			
Last Name Mastrobattista	First Name Peter		MI	Cash	contribution: X Personal C Order Credit/Deb	heck 17	ontribution ID #	Amount of Contribution			
Residential Street Address 18 Church St		City Farmington		State CT	Zip Code 06032-2319		eceived 6/2010				
Principal Occupation Manufacturing		Name of Employer Bass Plating co.		•	Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1?	X Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob ves	byist?	Aggregate (Contributions \$100.00	\$100.00			

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE								FILING	G DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contributi	ons fron	ı Individu	ıals				
Last Name Mastrogiovanni	First Name Bill		MI	Cash	contribution: X Personal Cl		Contribution 1753	on ID#	Amount of Contribution
Residential Street Address 3 Serra Dr		City Unionville		State CT	Zip Code 06085-1103		nte Received 0/26/2010)	
Principal Occupation Attorney		Name of Employer Scully, Nicksa & Reeve		•	Is this contribution associa fundraising event listed in If yes, list Event # 102		1? E	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	gate Contribu \$1	tions	\$100.00
Last Name Maturo	First Name Renee		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution 1754	on ID#	Amount of Contribution
Residential Street Address 905 Main St		City Hamden		State CT	Zip Code 06514-1420		ate Received 0/26/2010)	
Principal Occupation Unemployed		Name of Employer Unemployed			Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J	1? -	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribu \$1	itions	\$100.00
Last Name Maxwell	First Name John		MI	Cash	contribution: Personal Cl y Order X Credit/Deb		Contribution 1755	on ID#	Amount of Contribution
Residential Street Address 49 Cannon Ridge Dr		City Watertown		State CT	Zip Code 06795-2450		ate Received)	
Principal Occupation Toolmaker		Name of Employer J&J Precision Eyelets Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event #		19	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes X	byist?	Aggreg	gate Contribu \$3	ations 300.00	\$300.00
Last Name Milardo, Jr.	First Name Joseph		MI E	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution 1756	on ID #	Amount of Contribution
Residential Street Address 42 Morgan St		City Middletown		State CT	Zip Code 06457-5229		ate Received 0/26/2010		
Principal Occupation Attorney		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J	1? E	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyist child of a lob	byist?	Aggreg	gate Contribu \$2	tions 250.00	\$250.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE								FILING	G DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name	First Name		MI		contribution:		Contribution	on ID#	Amount of
Munger	Linda			Cash Money	Personal C X Credit/Deb		1757		Contribution
Residential Street Address		City		State	Zip Code		ate Received		
16 Knollwood Dr		Greenwich		СТ	06830-4733	10	0/26/201	0	<u> </u>
Principal Occupation		Name of Employer Homemaker			Is this contribution associa fundraising event listed in		1^	Yes	
Homemaker		Homemaker			If yes, list Event # 102	62010	<u>a</u> L	No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggre	gate Contribu	utions	\$1,000.00
Last Name	First Name		MI	Method of	contribution:		Contributi	on ID#	Amount of
Nelson	Peter		В	Cash Money	y Order X Personal C		1758		Contribution
Residential Street Address		City		State	Zip Code		ate Received		
128 Newfield St		Middletown		СТ	06457-2528		0/26/201		
Principal Occupation Dentist		Name of Employer Advanced Cosmetic Dentistry	/ (Self)		Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J	1? E	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	utions 250.00	\$250.00
government the contract is with: Last Name	First Name		MI		contribution:	<u> </u>	Contribution	on ID #	
Ormsby	David		G	Cash Money	y Order X Personal C		1759	on no	Amount of Contribution
Residential Street Address		City		State	Zip Code		ate Received		
14 Partridge Hollow Rd		Greenwich		СТ	06831-2663	10	0/26/201	0	<u> </u>
Principal Occupation Senior Counsel		Name of Employer Cravath Swaine & Moore LLP			Is this contribution associa fundraising event listed in		12	_ 105	
Senior Couriser		Grander Grand & Floor of EE			If yes, list Event #		LX	No	
Is contributor a principal of a state contractor of state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob	-	Aggre	gate Contribu		
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res x	-		\$!	500.00	\$500.00
Last Name	First Name		MI	Method of	contribution:		Contributi	on ID#	Amount of
Pilon	David			Cash Money	y Order X Personal C		1760		Contribution
Residential Street Address	•	City	•	State	Zip Code	Da	ate Received		
5 Langley Park		Farmington		СТ	06032-1541	10	0/26/201	0	1
Principal Occupation Director of Sales		Name of Employer Bouvier Beckwith & Lennox			Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J	1? E	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	utions 100.00	\$100.00

		I. MONETARY RI	ECEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribu	tions fron	ı Individu	ıals				
Last Name Poliner	First Name Robert		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution 1	ID#	Amount of Contribution
Residential Street Address PO Box 544		City Durham		State CT	Zip Code 06422-0544		e Received /26/2010		
Principal Occupation Lawyer		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event # 102		11.		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributio \$500	ons 0.00	\$500.00
Last Name Ray	First Name Kevin		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution 1	ID#	Amount of Contribution
Residential Street Address 21 S Ridge Rd		City Farmington		State CT	Zip Code 06032-3020	1	te Received /26/2010		
Principal Occupation Insurance Agent		Name of Employer Deming Insurance			Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1	11,		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributio \$100	ons 0.00	\$100.00
Last Name Reeve	First Name Susan		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution 1	ID#	Amount of Contribution
Residential Street Address 147 Oakridge		City Unionville		State CT	Zip Code 06085-1476		te Received /26/2010		
Principal Occupation Assistant Clerk		Name of Employer State of Connecticut			Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributio \$100	ons 0.00	\$100.00
Last Name Reider	First Name Carol		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution 1764	ID#	Amount of Contribution
Residential Street Address 9 Glenmore Dr		City Farmington		State CT	Zip Code 06032-1430		te Received /26/2010		
Principal Occupation Homemaker		Name of Employer Homemaker		•	Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1	11.		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributio \$100	ons 0.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							1	FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contributi	ons fron	ı Individu	ıals				
Last Name Reilly	First Name Eileen		MI	Cash	contribution: X Personal Cl	neck	Contribution	ID#	Amount of Contribution
Residential Street Address 18 Florence Way		City Farmington		State CT	Zip Code 06032-3409		e Received /26/2010		
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event # 102		, x		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregat	ste Contributio	ons 0.00	\$100.00
Last Name Richard	First Name Matthew		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution	ID#	Amount of Contribution
Residential Street Address PO Box 176		City Waban		State MA	Zip Code 02468-0002		e Received /26/2010		
Principal Occupation Analyst		Name of Employer Harvard Pilgrim			Is this contribution associa fundraising event listed in If yes, list Event #		? X 1	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregat	ite Contributio	ons 5.00	\$25.00
Last Name Richardson, III	First Name George		MI O	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution	ID#	Amount of Contribution
Residential Street Address 1106 West Rd		City New Canaan		State CT	Zip Code 06840-2639		e Received /26/2010		
Principal Occupation Partner		Name of Employer Sullivan & Worcester LLP.			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregat	ste Contributio	ons 0.00	\$100.00
Last Name Rivera	First Name Alan		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution	ID#	Amount of Contribution
Residential Street Address 626 North St		City Greenwich		State CT	Zip Code 06830-3037		e Received /26/2010		
Principal Occupation Lawyer		Name of Employer Millbrook Capital Managemer	nt	•	Is this contribution associa fundraising event listed in If yes, list Event #		? X 1	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregat	te Contributio		\$1,000.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Foley For Governor, Inc.											
		B. Itemized Contributi	ons from	Individu	ıals						
Last Name Schatz	First Name Walter		MI B	Cash	contribution: X Personal Cl	heck 1769	ution ID#	Amount of Contribution			
Residential Street Address 7 Staples Pl		City West Hartford		State CT	Zip Code 06107-1629	Date Receiv					
Principal Occupation Retired		Name of Employer Retired		!	Is this contribution associa fundraising event listed in If yes, list Event # 102		X Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cont	ibutions \$300.00	\$200.00			
Last Name Scianna	First Name Peter		MI	Cash	contribution: Personal Cl Order X Credit/Deb	heck 1770	ution ID#	Amount of Contribution			
Residential Street Address 32 Ridgeview Rd		City Portland		State CT	Zip Code 06480-4015	Date Receiv					
Principal Occupation Pharmacist		Name of Employer Brownstone Pharmaceuticals Consulting			Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1?	X Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions \$250.00	\$250.00			
Last Name Singer	First Name Paul		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1771	ution ID#	Amount of Contribution			
Residential Street Address 1 W 81st St		City New York		State NY	Zip Code 10024-6048	Date Receiv					
Principal Occupation President		Name of Employer Elliott Associates LP			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ributions 3,500.00	\$3,500.00			
Last Name Soboleski	First Name Lillian		MI	Cash	contribution: X Personal Cl	heck 1772	ution ID#	Amount of Contribution			
Residential Street Address 140 Suffolk Ct		City Meriden		State CT	Zip Code 06450-8152	Date Receiv					
Principal Occupation Republican Registrar of Voters		Name of Employer City of Meriden		•	Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1?	X Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Conti	sibutions \$250.00	\$250.00			

		I. Mo	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Foley For Governor, Inc.										
		B. Ite	mized Contributi	ons from	Individu	ıals				
Last Name Stanton	First Name Jerry			MI	Cash	contribution: X Personal C y Order Credit/Det		Contribution 1773	n ID#	Amount of Contribution
Residential Street Address 18 Larkins Way		City Farmingto	n		State CT	Zip Code 06032-1723		ate Received 0/26/2010		
Principal Occupation Retired		Name of Emp Retired	ployer			Is this contribution association fundraising event listed in If yes, list Event # 102	Section J		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contribut	ions 50.00	\$250.00
Last Name Stephen	First Name Cole			MI D	Cash	contribution: X Personal C y Order Credit/Del		Contribution	n ID#	Amount of Contribution
Residential Street Address 638 Danbury Rd Unit 63		City Ridgefield			State CT	Zip Code 06877-2728		ate Received 0/26/2010		
Principal Occupation Retired		Name of Emp Retired	ployer		-	Is this contribution association fundraising event listed in If yes, list Event # 09:			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribut	ions 50.00	\$50.00
Last Name Stoddard	First Name Patty			MI	Cash	contribution: X Personal C y Order Credit/Det		Contribution	n ID#	Amount of Contribution
Residential Street Address 87 Lido Rd		City Unionville			State CT	Zip Code 06085-1563		ate Received 0/26/2010		
Principal Occupation Real Estate Agent		Name of Emp Prudentia	ployer I CT Realty		•	Is this contribution association fundraising event listed in If yes, list Event # 102	Section J		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contribut	ions 00.00	\$100.00
Last Name Thomas	First Name Charles			MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution	n ID#	Amount of Contribution
Residential Street Address 149 Mountain Spring Rd		City Farmingto	n		State CT	Zip Code 06032-1614		ate Received 0/26/2010		
Principal Occupation Retired		Name of Emp Retired	ployer			Is this contribution association fundraising event listed in If yes, list Event # 102	Section J		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribut	ions 00.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILIN	G DUE DATE
Foley For Governor, Inc.								
		B. Itemized Contributi	ions fron	Individu	ıals			
Last Name Tisch	First Name Thomas		MI	Cash	contribution: X Personal Contribution: V Order Credit/Deb	heck 1777	bution ID #	Amount of Contribution
Residential Street Address 667 Madison Ave		City New York	•	State NY	Zip Code 10065-8029	Date Rece 10/26/2		
Principal Occupation Investments		Name of Employer Self Employed			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	tributions \$3,500.00	\$3,500.00
Last Name Wadsworth	First Name Bill		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 1778	bution ID#	Amount of Contribution
Residential Street Address 73 Red Oak Hill Rd		City Farmington		State CT	Zip Code 06032-2201	Date Rece 10/26/2		
Principal Occupation Construction		Name of Employer Unemployed		•	Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1?	X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	stributions \$100.00	\$100.00
Last Name Wagner	First Name Elizabeth		MI S	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 1779	bution ID #	Amount of Contribution
Residential Street Address 172 Stollman Rd		City Colchester		State CT	Zip Code 06415-1032	Date Rece 10/26/2		
Principal Occupation Member of the review board		Name of Employer Dept of Labor		•	Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1?	X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Con	stributions \$250.00	\$250.00
Last Name Waller	First Name Michael		MI	Cash	contribution: X Personal C	heck 1780	bution ID #	Amount of Contribution
Residential Street Address 73 Lyman Rd		City Middlefield		State CT	Zip Code 06455-1254	Date Rece 10/26/2		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1?	X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Con	stributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribut	ions from	ı Individu	ıals				
Last Name Wilson-Foley	First Name Lisa		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb		Contribution	ı ID#	Amount of Contribution
Residential Street Address 76 Hartford Rd		City Simsbury		State CT	Zip Code 06070-2508		te Received /26/2010		
Principal Occupation Owner/President		Name of Employer Allstar Therapy			Is this contribution associa fundraising event listed in If yes, list Event # 102		? <u> </u>	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributi	ions 50.00	\$250.00
Last Name Blanchet	First Name Sheila		MI M	Cash	contribution: Personal Contribution: y Order X Credit/Deb		Contribution	ı ID#	Amount of Contribution
Residential Street Address 98 Prospect Hill Rd		City Guilford		State CT	Zip Code 06437-2013		te Received /27/2010		
Principal Occupation RN		Name of Employer Gladeview Healthcare Center	r		Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributi	ions 95.00	\$10.00
Last Name Bliss	First Name Virginia		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution	ı ID#	Amount of Contribution
Residential Street Address PO Box 50440		City Santa Barbara		State CA	Zip Code 93150-0440		te Received /27/2010		
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggrega	ate Contributi		\$3,500.00
Last Name Bowditch	First Name Charles		MI	Cash	contribution: Personal Contribution: y Order X Credit/Deb		Contribution	ı ID#	Amount of Contribution
Residential Street Address 16 Old Parish Rd		City Darien		State CT	Zip Code 06820-4318		te Received /27/2010		
Principal Occupation Broker		Name of Employer MJLF & Associates		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributi \$5	ions 50.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. It	emized Contributi	ions from	Individu	ials				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Butterly, Jr.	William				Cash Money	Personal C X Credit/Del		1785		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
5 South Mdw		Woodbur	У		СТ	06798-3223	1	0/27/201	0	
Principal Occupation Internet Marking Analyst		Name of Er Self	nployer			Is this contribution associ- fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	utions \$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:	<u> </u>	Contribution	on ID #	A
Cheeseman	Holly				Cash Money	Personal C V Order X Credit/Del		1786	Oll ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
16 Mitchell Dr		Niantic			СТ	06357-2838	1	0/27/201	0	
Principal Occupation		Name of En	mployer		•	Is this contribution associ			Yes	
Public Relations		LVA				fundraising event listed in If yes, list Event #	Section .	J1?	No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu \$2	utions 200.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Cyganowki	Krystyna				Cash Money	Personal C V Order X Credit/Del		1787		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
238 Walnut Tree Hill Rd		Shelton			СТ	06484-2525	1	0/27/201	0	
Principal Occupation		Name of En	mployer			Is this contribution associ			Yes	
Bookkeeper		Unemplo	oyed	-		fundraising event listed in If yes, list Event #	section .)	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 —	child of a lob	-		5	\$10.00	\$10.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Hadjipateras	Darcy			D	Cash Money	Personal C Order Credit/Del		1788		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
50 Cherry Valley Rd		Greenwic	h		СТ	06831-3010	1	0/27/201	0	
Principal Occupation		Name of En	mployer			Is this contribution associ			Yes	
Homemaker		Homema	aker			fundraising event listed in If yes, list Event #	. section .	x	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob	-		\$1,0	00.00	\$1,000.00
government the contract is with:		Executive	Legisiative	Т , ,		INU				

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Levison	Bonnie				Cash Money	Personal C x Credit/Del		1789		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
521 Field Point Rd		Greenwic	h		СТ	06830-7049	1	0/27/2010	0	
Principal Occupation Humorist		Name of En	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	utions 500.00	\$500.00
Last Name	First Name			MI	Method of	contribution:	-	Contribution	on ID #	Amount of
Lundgren	Tina				Cash Money	Personal C y Order X Credit/Del		1790	<i>on 12 "</i>	Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		1
650 Park Ave		New York	<		NY	10065-6115	1	0/27/2010	0	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	
Homemaker		Homema	aker			fundraising event listed in If yes, list Event #	Section .	x	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribu \$2,0	utions	\$1,000.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
McNitt	Willard				Cash Money	y Order X Credit/Del		1791		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
1152 Cherry St		Winnetka	1		IL	60093-2115	1	0/27/2010	0	<u> </u>
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes	
Private Equity		Thurston	i Group			If yes, list Event #	occuon .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	, 1	Aggre	gate Contribu	utions	ĺ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 m	child of a lob	•		9	\$80.00	\$30.00
government the contract is with: Last Name	First Name			MI	I	contribution:		6 17 6	ID //	1
Pollard	Susan			IVII	Cash	y Order Personal Credit/Del		Contribution 1792	on ID#	Amount of Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		
188 Griswold Dr		West Har	tford		СТ	06119-1021	1	0/27/2010	0	
Principal Occupation		Name of En				Is this contribution associ			Yes	
Underwriter		UnitedHe	ealthcare			fundraising event listed in If yes, list Event #	Section .	1? x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	-		\$1	100.00	\$100.00
government the contract is with:							1			

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. Itemized Contr	ibutions	from	Individu	als				
Last Name	First Name		MI	II		contribution:	~! !	Contribution	on ID#	Amount of
Price	Robert				Cash Money	=		1793		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
25 E 86th St		New York			NY	10028-0553		0/27/201	0	•
Principal Occupation Attorney		Name of Employer Self-Employed				Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative			tor a lobbyist	byist?	Aggre	gate Contribu \$7,0	utions 000.00	\$3,500.00
Last Name Raben	First Name John		MI R		Method of o	contribution: X Personal (Contribution 1794	on ID#	Amount of Contribution
Residential Street Address 40 W Elm St Apt 6B		City Greenwich	<u>'</u>		State CT	Zip Code 06830-6415		ate Received		
Principal Occupation Retired		Name of Employer Retired		'		Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative			tor a lobbyist	byist?	Aggre	gate Contribu	utions 250.00	\$250.00
Last Name	First Name		M	П	Method of o	contribution:		Contributi	on ID#	Amount of
Sculley	Sean				Cash Money	Personal C V Order X Credit/De		1795		Contribution
Residential Street Address		City			State CT	Zip Code		ate Received		
80 N Main St		Kent			CI	06757-1520 Is this contribution associ				•
Principal Occupation Architect/Professor		Name of Employer Cooper Union NYC				fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X	Is de		tor a lobbyist	byist?	Aggre	gate Contribu	utions \$50.00	\$25.00
Last Name	First Name		M	II	Method of o	contribution:		Contributi	on ID#	Amount of
Tedoldi, Jr.	Robert		L		Cash Money	Personal C Credit/De		1796		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
409 Sand Stone Dr		South Windsor			СТ	06074-2867		0/27/201	0	
Principal Occupation Financial Advisor		Name of Employer Infocus Financial Group				Is this contribution associ fundraising event listed in If yes, list Event #		H2 -	Yes No	
Is contributor a principal of a state contractorstate contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative			tor a lobbyist	byist?	Aggre	gate Contribu	utions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	DUE DATE
Foley For Governor, Inc.								
B. Itemized Contributions from Individuals								
Last Name Young	First Name Richard		MI	Cash	contribution: Personal Contribution: Order X Credit/Deb	heck 179	ribution ID #	Amount of Contribution
Residential Street Address 301 W Lyon Farm Dr		City Greenwich		State CT	Zip Code 06831-4356	Date Rec 10/27/		
Principal Occupation Attorney		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyist child of a lob es X	byist?	Aggregate Co	ontributions \$100.00	\$100.00
						Tota	al of Section B	\$47,838.00
TOTAL OF ALL CONTRIBU	JTIONS FI	ROM INDIVIDUALS	(Section	ons A & B)	(Total on Line 14	of Summary P	'age)	\$47,838.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	DUE DATE	
Foley For Governor, Inc.									
C1. Co	ntribut	ions	from Other Co	ommi	ttees				
Name of Committee Madison Republican Town Committee					Name of Treasurer Jennifer S. Tur	ng			
Address PO Box 1233			Is this contribution a fundraising event			Yes If yes, list Event	t#	Amount of Contribution	
City Madison	State CT	Zip 064	Code		eceived 5/2010	Aggregate Contributions	\$500.00	\$500.00	
Name of Committee Durham Republican Town Committee		•			Name of Treasurer Peter P Cascin	i			
Address PO Box 21			Is this contribution a fundraising event			Yes If yes, list Event No	t #	Amount of Contribution	
City Durham	State CT	Zip 9	Code 122	Date R	eceived 5/2010	Aggregate Contributions	\$250.00	\$250.00	
Name of Committee We Are United					Name of Treasurer Seth W Mortor	1			
Address 27 Shipway Rd			Is this contribution a fundraising event			Yes If yes, list Event	t #	Amount of Contribution	
City Darien	State CT	Zip 068	Code 320		eceived 5/2010	Aggregate Contributions \$1	,200.00	\$1,200.00	
						Total of S	Section C1	\$1,950.00	

I. MONETA								
NAME OF COMMITTEE				FILIN	IG DUE DATE			
Foley For Governor, Inc.								
C2. Reimbursements or Payments from other Committees								
Name of Committee Name of Treasurer								
Address			Date Received		Amount of Receipt			
City	State	Zip Code	Reimbursement for shared expense					
			Payment for goods and services					
Total of Section C2								

I. MONETARY RECEIPTS (Section A-K)							
NAME OF COMMITTEE					FILING	DUE DATE	
Foley For Governor, Inc.							
	D. Loans Received this Period						
Name of Lender Mr. Thomas C Foley				Source of Bount	Is there a cosigner or Guarantor of	Amount Received	
Street Address 62 Khakum Wood Rd	City Greenwich	State CT	Zip Code 06831-3748		this loan? Yes		
Name of Cosigner/Guarantor				Other Committee	X No		
Street Address	City	State	Zip Code	Date Received 10/26/2010		\$1,000,000.00	
Total of Section D						\$1,000,000.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE					FILING DUE DATE					
Foley For Governor, Inc.	oley For Governor, Inc.									
	E. Personal Funds of the Candidate Received this Period									
Date Received	ate Received Amount Method of Payment Cash Personal Check Credit/Debit Card									
	Total of Section E									

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTE	FILING DUE DATE									
Foley For Governor, In										
Date Received \$ 1 bills \$ 5 bills \$ 10 bill coins Amount										

I. Monetary Receipts (Section A-I)										
NAME OF COMMITTEE	FILING DUE DATE									
Foley For Governor, Inc.										
G. Interest from Deposits in Authorized Accounts										
Name of Institution		Date Received		Total Amount Received						
Street Address	City	State	Zip Code		•					
Total of Section G										

I. MONETARY RECEIPTS (Section A-K)											
NAME OF COMMITTEE			FILING DUE DATE								
Foley For Governor, Inc.											
H. Public Grant Funds Received from the Citizen's Election Fund											
Purpose of Grant: Initial Primary General or Special Election	Supplemental/Independent Expenditure Primary General or Special Election	Date Received	Amount								
Supplemental/Post Election Deficit General or Special Election	Supplemental/Excess Expenditure Primary General or Special Election										
		Total of Section	н								

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE	FILI	NG DUE DATE								
Foley For Governor, Inc.										
I. Miscellaneous Monetary Receipts not Considered Contributions										
Name			saction		Amount Received					
Street Address	City	State	Zip Code							
Description										
Total of Section I										

	II. FUNDRAISING	G EVENT ACTIVITY				
NAME OF					FILING DUE	DATE
COMMITTEE Foley For Governor	r, Inc.					
	J1. Fundra	aising Event Information				
Fundraising Event #	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 10/22/2010 A	Cocktail Event	3 Lyman Rd	Midd	llefield	СТ	06455-1254
Was this fundraising event he	osted at a personal residence?	•	Yes	x _{No}		
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 10/26/2010 A	Luncheon Event	59 Pecksland Rd	Gree	enwich	СТ	06831-3711
Was this fundraising event he	osted at a personal residence?	•	X Yes	No		
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No		

II. FUNDRAISING EVENT ACTIVITY											
NAME OF COMMITTEE							FILIN	G DUE DATE			
Foley For Governor, Inc.											
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items											
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI	Ме	ethod of payment: Cash Per	rsonal Check	it Card	Aggregate Amount of Purchases				
Residential Street Address	City	Sta	te	Zip Code	Date Received	Event #					
Items Purchased											
Total of Section J2											

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE							FILING	G DUE DATE		
Foley For Governor, Inc.										
J3. In-Kii	nd Donations Not Considered Contributi	ons								
Name of the Donor					Donation G		ess Entity	Fair Market Value of Donation		
Street Address	City	State Zi _I			Code	Aggregate value for this even				
Description of Donation		Date 1	Receive	d	Event #					
						Total of Se	ction J3			

III. NONMONETARY RECEIPTS										
NAME OF COMMITTEE							FILING I	DUE DATE		
Foley For Governor, Inc.										
K. In-Kind Contributions										
Name Berardino B Jay						Date Receive		Fair Market Value of this Contribution		
Street Address 105 Mattabasset Dr		City Durha	am	State CT	Zip Code 06422-1908					
Type of Contributor: x Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contra contractor? If yes, indicate which branch or branches government the contract is with:		Executive	x	Yes No Legislative			
Is this contribution associated with a fundrilisted in Section J1? If yes, list Event# 10222010A	raising event X Yes No		escription of In-Kind Contribution			Aggregate contr	ibutions \$750.00	\$750.00		
						Total of	Section K	\$750.00		

III. Non Monetary Receipts											
NAME OF COMMITTEE	FILING DUE DATE										
Foley For Governor, Inc.											
L. Refundable Deposit to Telephone Company											
Last Name (Individuals Only)	First Name			MI	Date Received		Amount of Deposit				
Street Address	City		State	Zip Code							
Name of Telephone company											
Street Address		City			State	Zip Code					
	L										

III. NONMONETARY RECEIPTS											
NAME OF COMMITTEE						F	ILING DUE DATE				
Foley For Governor, Inc.											
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee											
ame of Committee Name of Treasurer											
Street Address		Date Notice Received					Fair Market Value of Donation				
City	State	Zip Code		Aggregate Donations							
Description of Donation	Purpose of Exper	nditure B	С	D	E						
Total of Section M											

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Premier Graphics Street Address	City	State	Zip Code	Date of Payment 10/22/2010 Purpose of Expenditure	Method of Payr X Check # 2177		Amount
860 Honeyspot Rd	Stratford	СТ	06615-7159	POST	Debit Car	ď	
Description Postage & Delivery - Postage for Thats No	t Going- Reprint - 10/22 Mail Drop				Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes No							\$63,400.25
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Premier Graphics				10/22/2010			
	C.	L			X Check # 2181		
Street Address 860 Honeyspot Rd	City	State CT	Zip Code 06615-7159	Purpose of Expenditure PRNT	Debit Car	d	
Description Description	Stratford	Ci	00013 7133	r KWT	Event #		
Printing & Reproduction - Postage for That	s Not Going- Reprint - 10/22 Mail Drop	-Balaı	nce		Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$30,222.72
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Town of West Hartford		Ι		10/22/2010	Check #		
Street Address	City	State	Zip Code 06107-2204	Purpose of Expenditure TRVL	X Debit Car	rd	
20 Isham Rd Description	West Hartford	СТ	06107-2204	IRVL	Event #		
Parking					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x No							\$7.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ittee					
Name of Payee United States Post Office				Date of Payment 10/22/2010	Method of Paye	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure POST	X Debit Car	rd.	
Ridgeway Station	Stamford	СТ		POST	 	·u	-
Description Mail Expense					Event #		
which reimbursement is sought?	Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?						
Yes X No							\$1.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Media Placement Technologies	Γ	1	1	10/25/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	V DUG		
336 Commerce St	Alexandria	VA	22314-2802	A-OTH	X Debit Car	rd	
Description Advertising & Promotion - Media Buy Oct2	7-Nov2 NYC TV				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) !	Name		Office Sought			
X No					•		\$902,150.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Premier Graphics			_	10/25/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2184		
860 Honeyspot Rd	Stratford	СТ	06615-7159	PRNT	Debit Car	rd	
Description Printing & Reproduction - Inv57081 Posta	ge for TFG04 Reprint - 10/25 Mail Drop				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) N	Name		Office Sought			
Yes X No							\$99,550.02

IV. EXPENDITURES									
NAME OF COMMITTEE						FILI	NG DUE DATE		
Foley For Governor, Inc.									
	N. Expenses Paid By Commi	ttee							
Name of Payee				Date of Payment	Method of Pay	ment	Amount		
JP Morgan Chase Bank	1		T	10/25/2010	Check #				
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	rd.			
3A Pickwick Plz	Greenwich	СТ	06830	BNK		u			
Description Outgoing Domestic Wire Fee					Event #				
which reimbursement is sought?	Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?								
Yes X No							\$25.00		
Name of Payee				Date of Payment	Method of Pay	ment	Amount		
Starbucks				10/25/2010	Check #				
Street Address	City	State	Zip Code	Purpose of Expenditure					
96 Broad St	Stamford	СТ	06901-2312	FOOD	X Debit Car	⁻ d			
Description					Event #				
Volunteer Food									
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought					
Yes X No							\$40.00		
Name of Payee				Date of Payment	Method of Pays	ment	Amount		
Town of West Hartford				10/25/2010	Check #				
Street Address	City	State	Zip Code	Purpose of Expenditure					
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL	X Debit Car	rd			
Description					Event #				
Parking									
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			\$7.00		
X No							۳٬.۵۵		

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Prime Electric	Г		T	10/25/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	vd.	
33 Wisconsin Ave Ste 101	Norwich	СТ	06360-1550	OVHD		u	
Description Utilities					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$599.96
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Cosi				10/25/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
970 Farmington Ave	West Hartford	СТ	06107-2139	FOOD	X Debit Car	d .	
Description					Event #		
Volunteer Food							
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	lame		Office Sought			
which reimbursement is sought? Yes							\$20.83
X No				T	ı		\$20.03
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Lox Stock and Bagel				10/25/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
332 N Main St	West Hartford	СТ	06117-2510	FOOD	X Debit Car	d .	
Description					Event #		
Volunteer Food							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			\$17.87
X No							φ1/.0/

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Town of West Hartford				10/25/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure]		
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL	X Debit Car	d d	
Description				•	Event #		
Parking							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$7.00
X No				1			
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Staples			_	10/25/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
2550 Albany Ave	West Hartford	СТ	06117-2301	OFFICE	X Debit Car	^r d	
Description					Event #		
Office Supplies							
Is this expenditure coordinated with another candidate fo				007 0 1	<u> </u>		
which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$73.13
Name of Payee				Date of Payment	Method of Payr	ment	Amount
La Quinta Inn & Suites				10/25/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
65 Columbus Blvd	New Britain	СТ	06051-2226	TRVL	X Debit Car	^r d	
Description					Event #		
Lodging Expense							
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	lame		Office Sought			
which reimbursement is sought? Yes							
X No							\$632.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Premier Graphics				Date of Payment 10/26/2010	Method of Pays	ment	Amount
Street Address 860 Honeyspot Rd	City Stratford	State CT	Zip Code 06615-7159	Purpose of Expenditure POST	X Check # 2206 Debit Car	d	
Description Postage & Delivery - POSTAGE-TFG05 Rep		I	•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$310,819.10
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Premier Graphics		Π		10/26/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2207 Debit Car	d	
860 Honeyspot Rd	Stratford	СТ	06615-7159	PRNT	-	u	
Description Printing & Reproduction - PRINT-TFG03 Reletter, Rell letter	eprint,TFG04 Reprint, TFG05 Reprint, TI	FG08,	Leslie		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$323,929.97
Name of Payee Premier Graphics				Date of Payment 10/26/2010	Method of Paya	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2205</u>		
860 Honeyspot Rd	Stratford	СТ	06615-7159	PRNT	Debit Car	d	
Description Printing & Reproduction - balance due to r	nail matrix error		1		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought			\$17,258.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee David M Hellriegel		Ī	I	Date of Payment 10/26/2010	Method of Payr X Check # 2210	ment	Amount
Street Address	City	State	Zip Code 06901-2304	Purpose of Expenditure RCW	Debit Car	·d	
20 Summer St Ste 200 Description	Stamford	СТ	00901-2304	RCW	Event #		
Vehicle Miles					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$500.00
X No				T			\$300.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Emily Duus	1		T	10/26/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2209</u>		
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	d .	
Description Vehicle Miles					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$343.15
X No				1	1		\$343.13
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Dean Pagani	Г		ı	10/26/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2208		
309 Holland Ln Ste 226	Alexandria	VA	22314-6104	RCW	Debit Car	d .	
Description Parking Travel Miles					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$410.00
(L INU							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Diane Generous Street Address	City	State	Zip Code	Date of Payment 10/26/2010 Purpose of Expenditure	Method of Payr X Check # 2195		Amount
172 Pautipaug Hill Rd	Baltic	СТ	06330-1019	RCW	Debit Car	d	
Description Vehicle Miles, Cell Phone, Postage, Volunte	eer Meal				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$953.46
Name of Payee JP Morgan Chase Bank				Date of Payment 10/26/2010	Method of Pay	ment	Amount
	City	Ct-t-	7:- C- 1-	Purpose of Expenditure	Check #		
Street Address 3A Pickwick Plz	Greenwich	State	Zip Code 06830	BNK	X Debit Car	rd	
Description Incoming Domestic Wire Fee		I			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$15.00
Name of Payee CVS				Date of Payment 10/26/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
150 S Main St	West Hartford	СТ	06107-3432	OFFICE	X Debit Car	d d	
Description Supplies					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$20.69

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Chris Covucci				Date of Payment 10/27/2010	Method of Payr	ment	Amount
Street Address 20 Summer St Fl 2	City Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure	2194 Debit Car	rd	
Description Vehicle Miles, Volunteer Food		I			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$444.67
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Courtney Weaver	<u> </u>	ı —	I	10/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2193		
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW	Debit Car	d	
Description Vehicle Miles, Parking, Volunteer Food					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$933.59
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Chris Syrek		l		10/27/2010	X Check #		
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure RCW	2192 Debit Car	ď	
Description Vehicle Miles, Parking, Volunteer Refreshn					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$535.82

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee John L Whitney		1		Date of Payment 10/27/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2191</u>		
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW	Debit Car	ď	
Description Vehicle Miles, Postage, Name Tags					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$610.00
Nama of Payao				Date of Payment	Method of Pay	ment	Amount
Name of Payee					l `	ment	Amount
Michael Roberts		1		10/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2190 Debit Car		
618 Belden Hall	Storrs	СТ	06269-6905	RCW	 	u	
Description Vehicle Miles, Parking, Office Supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$433.20
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Justin R Clark	Г		1	10/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2189		
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	rd	
Description Vehicle Miles					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$364.50

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Torey Shepardson				Date of Payment 10/27/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	2188 Debit Car	rd.	
49 Westmont St	West Hartford	СТ	06117-2928	RCW		u	
Description Vehicle Miles, Volunteer Pizza					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$146.25
Name of Payee				Date of Payment	Method of Paya	ment	Amount
Ben Hartman			_	10/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2187</u>		
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	d d	
Description			•		Event #		
Vehicle Miles, Parking, Food, Sign Supplies	5						
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	Other Candidate(s) N	lame		Office Sought			
Yes X No							\$1,108.56
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Chris O'Brien				10/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2186		
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	^r d	
Description					Event #		
Parking, Volunteer Food, Office Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$87.02
100							

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Len Greene Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304	Date of Payment 10/27/2010 Purpose of Expenditure RCW	Method of Payr X Check # 2185 Debit Car		Amount
Description Vehicle Miles	- Claimer a	l	1		Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$162.50
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Elizabeth Osborn Poirier				10/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2196</u>		
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW	Debit Car	d d	
Description Vehicle Miles, Call Plan, Air Card, Parking			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$665.96
Name of Payee Matthew Joiner				Date of Payment 10/27/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2200</u>		
150 Oxoboxo Dam Rd	Oakdale	СТ	06370-1267	RCW	Debit Car	⁻ d	
Description Vehicle Miles, Volunteer Food, Office Supp	lies				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$325.73

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Bill Cortese				Date of Payment 10/27/2010	Method of Paya	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2201</u>		
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	^r d	
Description Vehicle Miles, Pre-Rally Food, Office Suppl	ies		•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$1,331.61
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Susan Ogden				10/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2212</u>		
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	rd	
Description			1	•	Event #		
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$39.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Schuyler Merritt				10/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2211		
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	rd	
Description Vehicle Miles, Meals, Gas					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$3,503.67
1 L_1 1NO							

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Diane L. Browne Catering Street Address	City	State	Zip Code	Date of Payment 10/27/2010 Purpose of Expenditure	Method of Payr X Check # 2182		Amount
865 Post Rd	Darien	СТ	06820-4603	FOOD	Debit Car	d	
Description Meals & Entertainment					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$3,884.90
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Matthew Joiner				10/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2169		
150 Oxoboxo Dam Rd	Oakdale	СТ	06370-1267	WAGE	Debit Car	ď	
Description			<u> </u>	I.	Event #		
Payroll Expenses - Intern Stipend Week of	10/18/10						
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought	I		
X No							\$210.00
Name of Payee Michael Roberts				Date of Payment 10/27/2010	Method of Payı	ment	Amount
	City	Gr. i	7. 0.1		X Check # 2170		
Street Address 618 Belden Hall	Storrs	State CT	Zip Code 06269-6905	Purpose of Expenditure WAGE	Debit Car	d	
Description			-	l	Event #		
Payroll Expenses - Intern stiped week of 1	0/18						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$250.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Emily Duus				Date of Payment 10/27/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2167</u>		
20 Summer St Ste 200	Stamford	СТ	06901-2304	WAGE	Debit Car	rd	
Description Payroll Expenses - Intern stiped week of 1	0/18				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$250.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
					l	inciit	Amount
Torey Shepardson				10/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2171 Debit Car	rd.	
49 Westmont St Description	West Hartford	СТ	06117-2928	WAGE	Event #		
Payroll Expenses - Intern stiped week of 1	0/18				Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$240.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
David M Hellriegel			1	10/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2168		
20 Summer St Ste 200	Stamford	СТ	06901-2304	WAGE	Debit Car	rd	
Description Payroll Expenses - Intern stiped week of 1	0/18				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$150.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Media Placement Technologies			1	Date of Payment 10/27/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	 		
336 Commerce St	Alexandria	VA	22314-2802	A-OTH	X Debit Car	^r d	
Description Advertising & Promotion - Media Buy Oct3	Description Advertising & Promotion - Media Buy Oct31-Nov2 Hartford TV&Cable, Inv1004 radio dist						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$92,905.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Inquiring News				10/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2197		
51 Gilbert Ave	Bloomfield	СТ	06002-3824	A-NEWS	Debit Car	rd	
Description Foley Quarter Page			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$550.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Front Porch Strategies				10/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2183</u>		
243 N 5th St Ste 330	Columbus	ОН	43215-2676	A-OTH	Debit Car	rd	
Description Advertising & Promotion - Inv1131 Prepay	for Oct 23 Teleforum		•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$4,053.50
					Total of Sec	ction N	\$1,864,188.63

	IV.	EXPENDITURES						
NAME OF COMMITTE	EE						FILING	DUE DATE
Foley For Governor, Inc.								
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee				Date of Paymo		Is Reimbur Claimed?	rsement	Amount
Street Address		City	State	Zip Code		Ye No		
Purpose of Expenditure	Description				Event #	*		
					<u> </u>	Total of	Section O	

		IV. EXPENDITURES						
NAME OF COMMITTEE						FII	LING DUE DATE	
Foley For Governor, Inc.								
P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution Chase Cardmember Service Type of Credit Card: X Visa Master Card Discover Other						Ameri	ican	
Name of Vendor Hyatt Hotel & Resorts: Hyatt	: Regenc				Date of Transaction 10/22/2010		Amount	
Street Address 1800 E Putnam Ave		City Old Greenwich	State CT	Zip Code 06870-1320				
Purpose of Expenditure TRVL	Description hotel rooms, food				Event #			
						_	\$7,034.14	
					Total of Section	P	\$7,034.14	

IV. EXPENDITURES											
NAME OF CO	MMITTEE				FILING D	JE DATE					
Foley For Go	vernor, Inc.										
Q. Expenses Incurred By Committee but Not Paid During this Period											
Name of Creditor Chase Cardme	mber Service		Date Incurred 10/27/2010	Event #		Amount Incurred (Estimate or					
Street Address PO Box 15153		City Wilmington		State DE	Zip Code 19886-5153	Actual)					
Purpose of Expenditure	Description payment to credit cars										
Is this expenditure which reimbursemed Yes No	coordinated with another candidate for Other Candidate of the candidate of	te(s) Name	Office Sought			\$7,034.14					
				Total of	Section Q	\$7,034.14					

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Folev For Governor. Inc.						
R. Itemization of Reimburse	ements to Committee V	Vorkers and	Consultants			
Name of Worker/Consultant David M Hellriegel			ayment 2010	Method of Paym X Check # 2210	ent	Amount
Secondary Payee David M Hellriegel		Purpose o	f Expenditure	Debit Card	i	
Street Address 20 Summer St Ste 200 Description	City Stamford	11.02	State CT	Zip Code 06901-2304 Event #	1	
Is this expenditure coordinated with another candidate for which reimbursement is sought?	idate(s) Name	Office	Sought			
Yes X No						\$500.00
Name of Worker/Consultant Emily Duus			Date of Payment 10/26/2010		nent	Amount
Secondary Payee Emily Duus		Purpose o	f Expenditure	2209 Debit Card	i	
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	1	
Description Vehicle Miles				Event#		
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$343.15

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Foley For Governor, Inc.						
R. Itemization of Reimburso	ements to Committee Work	ers and	Consultants			
		Date of Part 10/26/		Method of Paym X Check # 2208	ent	Amount
Secondary Payee Town of West Hartford	Purpo TRV		f Expenditure	Debit Card	i	
Street Address 20 Isham Rd	City West Hartford		State CT	Zip Code 06107-2204		
Description Parking				Event #		
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$59.00
Name of Worker/Consultant Dean Pagani		·		Method of Paym	ent	Amount
Secondary Payee Amtrak		Purpose o	of Expenditure	2208 Debit Card	i	
Street Address 60 Massachusetts Ave NE	City Washington		State DC	Zip Code 20002-4285	5	
Description Stamford to DC Round Trip Train				Event #		
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$351.00

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.								
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants					
Diane Generous 1		Date of Pourpose of		Method of Paym X Check #	ent	Amount		
Diane Generous		TRVL	2 Emperiantial C	Debit Card	i			
Street Address 172 Pautipaug Hill Rd	City Baltic		State CT	Zip Code 06330-1019				
Description Vehicle Miles				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$190.10		
Name of Worker/Consultant Diane Generous		Date of Payment 10/26/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee Greenwich Taxi		Purpose o	of Expenditure	2195 Debit Card	i			
Street Address Suite 2 Greenwich Plz	City Greenwich		State CT	Zip Code 06830				
Description Taxi Ride 9/22 fundraiser				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought	•		\$20.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Folev For Governor, Inc.								
R. Itemization of Reimbur	sements to Committee Wo	orkers and	Consultants					
		Date of P. 10/26/	2010	Method of Paym X Check # 2195	ent	Amount		
Secondary Payee Metro-North Railroad		Purpose o	Purpose of Expenditure		i			
Street Address 490 Washington Blvd & 30 South State Stre	City Stamford		State CT	Zip Code 06902				
Description Train Greenwich to Grand Central			•	Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	ndidate(s) Name	Office	Sought			\$18.75		
Name of Worker/Consultant Diane Generous		Date of P. 10/26/		Method of Paym X Check #	ent	Amount		
Secondary Payee Verizon Wireless		Purpose o	of Expenditure	2195 Debit Card	i			
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	<u> </u>			
Description Cell Phone Expense July, August, September				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	ndidate(s) Name	Office	Sought			\$339.76		

IV. EXPENDITURES										
NAME OF COMMITTEE					FILI	NG DUE DATE				
Folev For Governor, Inc.										
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants							
		Date of Payment 10/26/2010		Method of Paym	ent	Amount				
Secondary Payee U.S. Post Office		Purpose of Expenditure POST						2195 Debit Card	l	
Street Address Valley Road	City Greenwich		State CT	Zip Code 06831						
Description Mailing Invitations				Event #						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$202.50				
Name of Worker/Consultant Diane Generous		Date of Pa		Method of Paym	ent	Amount				
Secondary Payee Fedex Kinko's		Purpose o	of Expenditure	2195 Debit Card	i					
Street Address 48 W Putnam Ave	City Greenwich		State CT	Zip Code 06830-5331						
Description overnight Invitations				Event #						
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought			¢28.73				

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants					
		Date of P. 10/26/		Method of Paym X Check #	ent	Amount		
Secondary Payee Franklin Wine & Spirits		Purpose of Expenditure A-RAD		Debit Card	i			
Street Address 70 Route 32	City North Franklin		State CT	Zip Code 06254-1810				
Description Women for Foley				Event #				
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$153.62		
Name of Worker/Consultant Chris Covucci		Date of Payment 10/27/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee Chris Covucci		Purpose o	of Expenditure	2194 Debit Card	i			
Street Address 20 Summer St Fl 2	City Stamford		State CT	Zip Code 06901-2304	ļ			
Description Vehicle Miles				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$311.60		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.							
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants				
Chris Covucci 10		Date of Payment 10/27/2010 Purpose of Expenditure		Method of Paym X Check #		Amount	
cvs		FOOD		Debit Card	1		
Street Address 150 S Main St	City West Hartford		State CT	Zip Code 06107-3432			
Description Volunteer Food				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$6.24	
Name of Worker/Consultant Chris Covucci		Date of Payment 10/27/2010		Method of Paym	ent	Amount	
Secondary Payee Luna Pizza		Purpose o	f Expenditure	2194 Debit Card	l		
Street Address 999 Farmington Ave	City Hartford		State CT	Zip Code 06107-2103	3		
Description Volunteer Food				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	,		\$59.47	

IV. EXPENDITURES										
NAME OF COMMITTEE					FILI	NG DUE DATE				
Foley For Governor, Inc.										
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants		-					
		Date of Payment 10/27/2010		Method of Paym X Check #	ent	Amount				
Secondary Payee Luna Pizza		Purpose of Expenditure FOOD						2194 Debit Card	i	
Street Address 999 Farmington Ave	City Hartford		State CT	Zip Code 06107-2103						
Description Volunteer Food				Event #						
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$67.36				
Name of Worker/Consultant Courtney Weaver		Date of Pa		Method of Paym	ent	Amount				
Secondary Payee Courtney Weaver		Purpose o	of Expenditure	2193 Debit Card	i					
Street Address 20 Summer St FI 2	City Stamford		State CT	Zip Code 06901-2304	ļ					
Description Vehicle Miles				Event #						
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought			¢664.80				

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.							
R. Itemization of Reimbur	sements to Committee Work	ers and	Consultants				
		Date of Payment 10/27/2010		Method of Paym X Check #	ent	ent Amount	
Secondary Payee Town of West Hartford		Purpose o	of Expenditure	Debit Card	i		
Street Address 20 Isham Rd	City West Hartford		State CT	Zip Code 06107-2204			
Description Parking				Event #			
Is this expenditure coordinated with another candidate for Other Can which reimbursement is sought?	didate(s) Name	Office	Sought				
Yes X No						\$38.00	
Name of Worker/Consultant Courtney Weaver		Date of Payment 10/27/2010		Method of Paym	ent	Amount	
Secondary Payee Dunkin Donuts		Purpose of	of Expenditure	2193 Debit Card	i		
Street Address 50 Main St	City Stamford		State CT	Zip Code			
Description Volunteer Food				Event #			
						•	
which reimbursement is sought? Yes	didate(s) Name	Office	Sought				
X No						\$44.09	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor. Inc.							
R. Itemization of Reimburso	ements to Committee Work	ers and	Consultants		,		
		Date of Payment 10/27/2010		Method of Paym X Check # 2193	ent	Amount	
Secondary Payee Dunkin Donuts		Purpose o	of Expenditure	Debit Card	i		
Street Address 50 Main St	City Stamford		State CT	Zip Code			
Description Volunteer Food				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$29.43	
Name of Worker/Consultant Courtney Weaver		Date of Payment 10/27/2010		Method of Payment X Check #		Amount	
Secondary Payee Mendano's Apizza		Purpose of	of Expenditure	2193 Debit Card			
Street Address 799 New Haven Rd	City Naugatuck		State CT	Zip Code 06770-4762	2		
Description Volunteer Food				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$30.42	

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 10/27/2010		Method of Paym X Check # 2193	ent	nt Amount		
Secondary Payee Captain's Pizza		Purpose of Expenditu		Debit Card	I			
Street Address 59 Sanford St	City Fairfield		State CT	Zip Code 06824-5913				
Description Volunteer Food				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$82.00		
Name of Worker/Consultant		Date of Payment		Method of Payment		Amount		
Courtney Weaver		10/27/	2010	X Check #				
Secondary Payee Sorrento's Brick Oven Pizza		Purpose o	of Expenditure	2193 Debit Card	l			
Street Address 244 Skiff St	City Hamden		State CT	Zip Code 06517-1004	ļ			
Description Volunteer Food				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought			¢30.34		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor. Inc.	Folev For Governor. Inc.						
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants				
		Date of Payment 10/27/2010		Method of Paym X Check # 2193	ent	nt Amount	
Secondary Payee Katie's Gourmet		Purpose of Expenditure FOOD		Debit Card	i		
Street Address 29 Bank St	City Stamford		State CT	Zip Code 06901-3024			
Description Volunteer Food				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$14.51	
Name of Worker/Consultant Chris Syrek		Date of Payment 10/27/2010		Method of Paym X Check #	ent	Amount	
Secondary Payee Chris Syrek		Purpose o	of Expenditure 2192 Debit Care		i		
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	1		
Description Vehicle Miles				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$496.00	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.							
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants				
Chris Syrek 1		Date of Payment 10/27/2010 Purpose of Expenditure		Method of Paym X Check # 2192		Amount	
CVS Street Address 150 S Main St	City West Hartford	FOOD	State CT	Zip Code 06107-3432			
Description Volunteer Refreshments				Event #			
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$10.92	
Name of Worker/Consultant Chris Syrek		Date of Payment 10/27/2010		Method of Payment X Check #		Amount	
Secondary Payee Cork n Bottle Package Store		Purpose o	of Expenditure	2192 Debit Card	I		
Street Address 19 Sedgwick Rd # 1	City West Hartford		State CT	Zip Code 06107-3036	5		
Description Volunteer Refreshments				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought	•		\$28.90	

IV. E	IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE			
Foley For Governor, Inc.									
R. Itemization of Reimbursements to Committee Workers and Consultants									
		Date of Payment 10/27/2010		Method of Paym X Check # 2191	ent	nt Amount			
Secondary Payee John L Whitney		Purpose of Expenditure TRVL		Debit Card	1				
Street Address 20 Summer St Fl 2	City Stamford		State CT	Zip Code 06901-2304					
Description Vehicle Miles				Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$428.50			
Name of Worker/Consultant		Date of P	te of Payment Method of Payr		ent	Amount			
John L Whitney		10/27/2010		X Check #					
Secondary Payee Staples		Purpose o	f Expenditure	2191 Debit Card	l				
Street Address 2550 Albany Ave	City West Hartford		State CT	Zip Code 06117-2301					
Description Event Name Tags				Event #					
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought			¢1// 96			

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.							
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants				
		Date of Payment 10/27/2010		Method of Paym X Check #	ent	Amount	
Secondary Payee United States Post Office		Purpose o	f Expenditure	Debit Card	i		
Street Address Ridgeway Station	City Stamford		State CT	Zip Code			
Description Overnight Shipping				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$17.05	
Name of Worker/Consultant John L Whitney		Date of Payment 10/27/2010		Method of Payment X Check #		Amount	
Secondary Payee Fedex Kinko's		Purpose o	of Expenditure	2191 Debit Card	i		
Street Address 48 W Putnam Ave	City Greenwich		State CT	Zip Code 06830-5331	L		
Description Overnight Shipping				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	,		\$19.49	

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor. Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Michael Roberts Secondary Payee Michael Roberts			Date of Payment 10/27/2010 Purpose of Expenditure		10/27/2010 X Check # 2190			Amount
Street Address 618 Belden Hall	City Storrs	1	State CT	Zip Code 06269-6905				
Description Vehicle Miles				Event#				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$300.00		
Name of Worker/Consultant Michael Roberts		Date of Payment 10/27/2010		Method of Paym	nent	Amount		
Secondary Payee Town of West Hartford		Purpose o	of Expenditure	2190 Debit Card	i			
Street Address 20 Isham Rd	City West Hartford		State CT	Zip Code 06107-2204	1			
Description Parking				Event#				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$117.00		

IV. E	EXPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Michael Roberts Secondary Payee Staples		Date of P 10/27/ Purpose of	2010 Of Expenditure	Method of Paym X Check # 2190 Debit Carc		Amount		
Street Address 45 Salem Tpke Description	City Norwich		State CT	Zip Code 06360-6533	}			
which reimbursement is sought?	lidate(s) Name	Office	Sought	Event #				
Yes X No						\$16.20		
Name of Worker/Consultant Justin R Clark		Date of P		Method of Paym X Check # 2189	ent	Amount		
Secondary Payee Justin R Clark		Purpose o	of Expenditure	Debit Card	l			
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	ļ			
Description Vehicle Miles				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$364.50		

IV. E	IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE			
Folev For Governor, Inc.									
R. Itemization of Reimburs	ements to Committee Wor	kers and	Consultants						
		Date of Pa	2010	Method of Paym X Check #	nent	Amount			
Secondary Payee Torey Shepardson		Purpose o	of Expenditure	Debit Card	d				
Street Address 49 Westmont St	City West Hartford	<u> </u>	State CT	Zip Code 06117-2928		•			
Description Vehicle Miles				Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$108.20			
Name of Worker/Consultant Torey Shepardson		Date of Payment 10/27/2010		Method of Payment X Check #		Amount			
Secondary Payee Luna Pizza		Purpose o	of Expenditure	2188 Debit Card	d				
Street Address 999 Farmington Ave	City Hartford		State CT	Zip Code 06107-2103	3				
Description Volunteer Pizza				Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$38.05			

IV. F	EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Ben Hartman Secondary Payee Ben Hartman		Date of P 10/27/ Purpose of		Method of Paym X Check # 2187 Debit Card		Amount	
Street Address 20 Summer St Ste 200	City Stamford	I IIIVE	State CT	Zip Code 06901-2304	ļ		
Description Vehicle Miles Is this expenditure coordinated with another candidate for which reimbursement is sought?	lidate(s) Name	Office	Sought	Event #			
Yes X No						\$700.50	
Name of Worker/Consultant Ben Hartman		Date of Payment 10/27/2010		Method of Payment X Check #		Amount	
Secondary Payee Town of West Hartford		Purpose o	of Expenditure	2187 Debit Card	i		
Street Address 20 Isham Rd	City West Hartford		State CT	Zip Code 06107-2204	ļ		
Description Parking				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought	•		\$12.25	

IV. F	EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Ben Hartman Secondary Payee Flanders Fish Market & Restaurant		Date of P 10/27/ Purpose of	•	Method of Paym X Check # 2187 Debit Card		Amount	
Street Address 22 Chesterfield Rd	City East Lyme		State Zip Code CT 06333-1201		L		
Description Bus Tour Lunch Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate for which reimbursement is sought?	lidate(s) Name	Office	Sought	Event#			
Yes X No						\$251.32	
Name of Worker/Consultant Ben Hartman		Date of Payment 10/27/2010		Method of Payment X Check #		Amount	
Secondary Payee Ninety Nine		Purpose o	of Expenditure	2187 Debit Card			
Street Address 85 Salem Tpke	City Norwich		State CT	Zip Code			
Description Phone Bankers Refreshments				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$34.29	

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 10/27/2010		Method of Paym X Check # 2187	ent	nt Amount		
Secondary Payee Walmart			Purpose of Expenditure Misc *		l			
Street Address 650 Main Ave	City Norwalk		State CT	Zip Code 06851-1126				
Description Sign Supplies				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$10.04		
Name of Worker/Consultant Ben Hartman		Date of Pa		Method of Paym X Check #	ent	Amount		
Secondary Payee The Home Depot		Purpose o	f Expenditure	2187 Debit Card	i			
Street Address 600 Connecticut Ave	City Norwalk		State CT	Zip Code 06854-1616	5			
Description Sign Materials				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No.	idate(s) Name	Office	Sought	1		¢78.60		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.							
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants				
Ben Hartman 1		Date of Payment 10/27/2010 Purpose of Expenditure		Method of Paym X Check # 2187		Amount	
Staples Street Address 45 Salem Tpke	City Norwich	Misc *	State CT	Zip Code 06360-6533			
Description Sign Materials Is this expenditure coordinated with another candidate for Other Cand	lidate(s) Name	Office	Sought	Event#			
which reimbursement is sought? Yes No	idac(s) vanc	Office	Sought			\$21.56	
Name of Worker/Consultant Chris O'Brien		Date of Payment 10/27/2010		Method of Paym X Check #	ent	Amount	
Secondary Payee Town of West Hartford		Purpose o	of Expenditure	2186 Debit Card	i		
Street Address 20 Isham Rd	City West Hartford		State CT	Zip Code 06107-2204	1		
Description Parking				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought	•		\$34.75	

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Foley For Governor, Inc.						
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants		,	
Name of Worker/Consultant Chris O'Brien Secondary Payee)'Brien		Date of Payment 10/27/2010 Purpose of Expenditure		nent	Amount
Luna Pizza Street Address 999 Farmington Ave	City Hartford	FOOD	State CT	Zip Code 06107-2103		
Description Volunteer Food				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$22.74
Name of Worker/Consultant Chris O'Brien		Date of Payment 10/27/2010		Method of Paym	nent	Amount
Secondary Payee CVS		Purpose o	of Expenditure	2186 Debit Care	i	
Street Address 150 S Main St	City West Hartford		State CT	Zip Code 06107-3432	2	
Description Office Supplies				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$10.43

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 10/27/2010		Method of Paym X Check # 2186	ent	nt Amount		
Secondary Payee Stop & Shop		Purpose of Expenditure OFFICE				Debit Card	i	
Street Address 2200 Bedford St	City Stamford		State CT	Zip Code 06905-3905				
Description Office Supplies				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$19.10		
Name of Worker/Consultant Len Greene		Date of P.		Method of Payment X Check #		Amount		
Secondary Payee Len Greene		Purpose o	of Expenditure	2185 Debit Card	i			
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	ļ			
Description Vehicle Miles				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No.	idate(s) Name	Office	Sought	1		¢162.50		

IV. E	XPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.							
R. Itemization of Reimbursements to Committee Workers and Consultants							
ilizabeth Osborn Poirier 1		Date of Part 10/27/		Method of Paym X Check # 2196	nent	Amount	
Elizabeth Osborn Poirier		TRVL	I	Debit Card	d		
Street Address 20 Summer St Fl 2	City Stamford		State CT	Zip Code 06901-2304			
Description Vehicle Miles				Event #			
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$415.45	
Name of Worker/Consultant Elizabeth Osborn Poirier		Date of Payment 10/27/2010		Method of Paym	nent	Amount	
Secondary Payee Verizon Wireless		Purpose o	of Expenditure	2196 Debit Care	d		
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2		
Description Cell Phone				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No.	idate(s) Name	Office	Sought	1		\$170.56	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 10/27/2010		Method of Paym X Check # 2196	ent	nt Amount		
Secondary Payee Verizon Wireless			f Expenditure	Debit Card	1			
Street Address PO Box 15062	City Albany		State Zip Code NY 12212-5062		2			
Description Air Card				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$66.20		
Name of Worker/Consultant Elizabeth Osborn Poirier		Date of Payment 10/27/2010		Method of Paym	ent	Amount		
Secondary Payee Town of West Hartford		Purpose o	of Expenditure	2196 Debit Card	i			
Street Address 20 Isham Rd	City West Hartford		State CT	Zip Code 06107-2204	ļ			
Description Parking				Event#				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	lidate(s) Name	Office	Sought	1		¢13.75		

IV. E	EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Matthew Joiner Secondary Payee Matthew Joiner	1		ayment 2010 of Expenditure	Method of Paym X Check # 2200 Debit Card		Amount	
Street Address 150 Oxoboxo Dam Rd	City Oakdale	TRVL	State CT	Zip Code 06370-1267			
Description Vehicle Miles Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate for which reimbursement is sought?	lidate(s) Name	Office	Sought	Event#			
Yes X No						\$256.50	
Name of Worker/Consultant Matthew Joiner			Date of Payment 10/27/2010		ent	Amount	
Secondary Payee Infinity Palace		Purpose o	of Expenditure	2200 Debit Card	i		
Street Address 77 Salem Tpke	City Norwich		State CT	Zip Code 06360-6483	3		
Description Volunteer Food				Event#			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$24.90	

IV. E	EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Matthew Joiner Secondary Payee Staples		Date of P 10/27/ Purpose of	72010 of Expenditure	Method of Paym X Check # 2200 Debit Card		Amount	
Street Address 45 Salem Tpke	City Norwich		State CT	Zip Code 06360-6533			
Description Ink for Printer Is this expenditure coordinated with another candidate for Other Cand	lidate(s) Name	Office	Sought	Event #			
which reimbursement is sought? Yes No						\$44.33	
Name of Worker/Consultant Bill Cortese		Date of Payment 10/27/2010		Method of Paym	ent	Amount	
Secondary Payee Bill Cortese		Purpose o	of Expenditure	2201 Debit Card			
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	1		
Description Vehicle Miles				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$427.24	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 10/27/2010		Method of Paym X Check # 2201	ent	nt Amount		
Secondary Payee Town of West Hartford			f Expenditure	Debit Card	i			
Street Address 20 Isham Rd	City West Hartford		State CT	Zip Code 06107-2204	1			
Description Parking				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$9.00		
Name of Worker/Consultant		Date of P		Method of Paym	ent	Amount		
Bill Cortese		10/27/2010		X Check # 2201				
Secondary Payee Luiza's Diner		Purpose of	of Expenditure	Debit Card	i			
Street Address 289 Enterprise Dr	City Bristol		State CT	Zip Code 06010-8410)			
Description Volunteer food				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	1		¢13.62		

IV. E	EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Bill Cortese Secondary Payee Arch Street Tavern		Date of P. 10/27/ Purpose of		Method of Paym X Check # 2201 Debit Carc		Amount	
Street Address 85 Arch St	City Hartford		State CT	l *			
Description Volunteer Food Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate for which reimbursement is sought?	lidate(s) Name	Office	Sought	Event #			
X No						\$410.14	
Name of Worker/Consultant Bill Cortese			Date of Payment 10/27/2010		ent	Amount	
Secondary Payee Dunkin Donuts		Purpose o	f Expenditure	2201 Debit Card	i		
Street Address 50 Main St	City Stamford		State CT	Zip Code			
Description Volunteer Refreshments				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	iidate(s) Name	Office	Sought			\$21.38	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.							
R. Itemization of Reimburs	sements to Committee Worl	kers and	Consultants				
		Date of Payment 10/27/2010		Method of Paym X Check #	ent	Amount	
Secondary Payee Walmart		OFFICE	f Expenditure	Debit Card	i		
Street Address 650 Main Ave	City Norwalk		State CT	Zip Code 06851-1126			
Description Keys				Event #			
Is this expenditure coordinated with another candidate for Other Can which reimbursement is sought? Yes	didate(s) Name	Office	Sought				
X No				_		\$2.90	
Name of Worker/Consultant		Date of Payment		Method of Payment		Amount	
Bill Cortese		10/27/	2010	X Check # 2201			
Secondary Payee Verizon Wireless		Purpose o	f Expenditure	Debit Card	i		
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062)		
Description August,September, October Expense	Alberty		I N1	Event #	-		
August, September, October Expense							
Is this expenditure coordinated with another candidate for Other Can which reimbursement is sought? Yes	didate(s) Name	Office	Sought	•			
X No						\$418.98	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 10/27/2010		Method of Paym X Check #	ent	nt Amount		
Secondary Payee Stop & Shop		Purpose of Expenditure OFFICE		2201 Debit Caro	i			
Street Address 2200 Bedford St	City Stamford		State CT	Zip Code 06905-3905				
Description Waterbury Supplies				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$28.35		
Name of Worker/Consultant Susan Ogden		Date of Pa		Method of Paym	ent	Amount		
Secondary Payee Summer Place Parking		Purpose o	of Expenditure	2212 Debit Card	i			
Street Address Summer Place	City Stamford		State CT	Zip Code 06901				
Description Parking				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes Yes	idate(s) Name	Office	Sought	1		¢39.00		

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 10/27/2010		Method of Paym X Check #	ent	nt Amount		
Secondary Payee Schuyler Merritt		Purpose of Expenditure A-RAD		Debit Card	I			
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304				
Description Vehicle Miles				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$63.45		
Name of Worker/Consultant		Date of P	ayment	Method of Paym	ent	Amount		
Schuyler Merritt		10/27/2010		X Check #				
Secondary Payee Town of West Hartford		Purpose o	of Expenditure	2211 Debit Card	I			
Street Address 20 Isham Rd	City West Hartford		State CT	Zip Code 06107-2204	ļ			
Description Parking				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought			¢23.25		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.							
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants				
chuyler Merritt 1		Date of Payment 10/27/2010 Purpose of Expenditure		Method of Paym X Check #	ent	Amount	
Summer Place Parking		A-RAD		Debit Card	i		
Street Address Summer Place	City Stamford	•	State CT	Zip Code 06901			
Description Rental Parking				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$15.00	
Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010		Method of Payment X Check #		Amount	
Secondary Payee Burger King		Purpose o	f Expenditure	2211 Debit Card	i		
Street Address 1058 High Ridge Rd	City Stamford		State CT	Zip Code 06905-1122	2		
Description Toms Lunch				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$50.97	

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Pa		Method of Paym X Check #	ent	nt Amount		
Secondary Payee Wendy's		Purpose of Exper		Purpose of Expenditure A-RAD		2211 Debit Card	i	
Street Address 306 Prospect Ave	City Hartford		State CT	Zip Code 06106-2028				
Description Toms Lunch				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$60.69		
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	ent	Amount		
Schuyler Merritt		10/27/2010		X Check #				
Secondary Payee Upper Crust Bagel Company		Purpose o	f Expenditure	2211 Debit Card	i			
Street Address 197 Sound Beach Ave	City Old Greenwich		State CT	Zip Code 06870-1711	Ĺ			
Description Ad-shoot Breakfast				Event #				
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes	idate(s) Name	Office	Sought	•		¢13.94		

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 10/27/2010		Method of Paym X Check # 2211	ent	Amount		
Secondary Payee McDonalds	1		of Expenditure	Debit Card	I			
Street Address 172 Washington St	City Stamford		State CT	Zip Code				
Description Toms Lunch				Event#				
Is this expenditure coordinated with another candidate for Other Candwhich reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$15.44		
Name of Worker/Consultant Schuyler Merritt		Date of Pa		Method of Paym	ent	Amount		
Secondary Payee Shell Oil		Purpose o	of Expenditure	2211 Debit Card	i			
Street Address 2512 Albany Ave	City West Hartford		State CT	Zip Code 06117-2505	5			
Description Gas Rental				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$54.57		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Folev For Governor. Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Schuyler Merritt Secondary Payee	er Merritt		Date of Payment 10/27/2010 Purpose of Expenditure		ent	Amount		
Shell Oil Street Address 2512 Albany Ave	City West Hartford	A-RAD	State CT	Zip Code 06117-2505				
Description Gas Rental				Event #				
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$54.98		
Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010		Method of Payment X Check #		Amount		
Secondary Payee Shell Oil		Purpose o	of Expenditure	2211 Debit Card	i			
Street Address 2512 Albany Ave	City West Hartford		State CT	Zip Code 06117-2505	5			
Description Gas Rental				Event #				
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$60.78		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 10/27/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee Shell Oil			of Expenditure	2211 Debit Card	i			
Street Address 2512 Albany Ave	City West Hartford		State CT	Zip Code 06117-2505				
Description Gas Rental				Event#				
Is this expenditure coordinated with another candidate for Other Candwhich reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$47.09		
Name of Worker/Consultant Schuyler Merritt		Date of Pa		Method of Paym	ent	Amount		
Secondary Payee Exxon Mobile		Purpose o	of Expenditure	2211 Debit Card	i			
Street Address 1139 Post Rd	City Fairfield		State CT	Zip Code 06824-6074	ŀ			
Description Gas Rental				Event#				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No.	idate(s) Name	Office	Sought			\$55.24		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.							
R. Itemization of Reimburs	ements to Committee Work	kers and	Consultants				
Name of Worker/Consultant Schuyler Merritt Secondary Payee Shell Oil	Merritt 1 Payee P		Date of Payment 10/27/2010 Purpose of Expenditure A-RAD		nent	Amount	
Street Address 2512 Albany Ave	City West Hartford	1	State CT	Zip Code 06117-2505			
Description Gas Rental Is this expenditure coordinated with another candidate for Other Cand	idate(s) Name	Office	Sought	Event #			
which reimbursement is sought? Yes No						\$47.03	
Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010		Method of Paym	nent	Amount	
Secondary Payee Exxon Mobile		Purpose o	of Expenditure	2211 Debit Card	d		
Street Address 1139 Post Rd	City Fairfield		State CT	Zip Code 06824-6074	1		
Description Gas Rental				Event#			
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$50.04	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.							
R. Itemization of Reimbursements to Committee Workers and Consultants							
		Date of Payment 10/27/2010		Method of Paym X Check # 2211	ent	Amount	
Secondary Payee Sunoco		Purpose of A-RAD	f Expenditure	Debit Card	l		
Street Address 240 Riverside Ave	City Westport		State CT	Zip Code 06880-4608			
Description GAs, Rental			-	Event #			
which reimbursement is sought?	idate(s) Name	Office	Sought			, tco c1	
		1		1		\$69.61	
Name of Worker/Consultant Schuyler Merritt		Date of Page 10/27/		Method of Paym X Check #	ent	Amount	
Secondary Payee Exxon Mobile		Purpose of Expenditure		2211 Debit Card	I		
Street Address 1139 Post Rd	City Fairfield	A-RAD	State CT	Zip Code 06824-6074	ļ		
Description gas, rental				Event #			
which reimbursement is sought?	idate(s) Name	Office	Sought	1			
Yes No						\$75.00	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.							
R. Itemization of Reimbursements to Committee Workers and Consultants							
		Date of Payment 10/27/2010		Method of Paym X Check #	ent	Amount	
Secondary Payee Shell Oil		Purpose of E A-RAD		Debit Card	i		
Street Address 2512 Albany Ave	City West Hartford		State CT	Zip Code 06117-2505			
Description gas, rental	•			Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$71.05	
Name of Worker/Consultant				Method of Paym	ent	Amount	
Schuyler Merritt		10/27/	2010	X Check # 2211			
Secondary Payee Exxon Mobile		Purpose o	of Expenditure	Debit Card	i		
Street Address 1139 Post Rd	City Fairfield		State CT	Zip Code 06824-6074	ļ		
Description gas, rental				Event #			
which reimbursement is sought?	lidate(s) Name	Office	Sought	1			
Yes X No						\$52.11	

IV. E	XPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Schuyler Merritt	10/2		Date of Payment 10/27/2010		ent	Amount	
Secondary Payee Exxon Mobile		Purpose A-RAE	of Expenditure	Debit Card	i		
Street Address 1139 Post Rd	City Fairfield		State CT	Zip Code 06824-6074		1	
Description gas, rental	•			Event #			
gas, rental							
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Offic	e Sought				
X No						\$75.00	
Name of Worker/Consultant Schuyler Merritt			Date of Payment 10/27/2010		nent	Amount	
				2211 X Check #			
Secondary Payee Ritz Camera		Purpose A-RAE	of Expenditure	Debit Card	i		
Street Address 806 Greenwich Ave	City Greenwich	·	State CT	Zip Code			
Description	•		•	Event #		•	
Travel camera charger							
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Offic	e Sought			\$52.99	

IV. E	XPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.							
R. Itemization of Reimbursements to Committee Workers and Consultants							
		Date of Payment 10/27/2010		Method of Paym X Check # 2211	ent	Amount	
Secondary Payee Marriott Hartford	1		of Expenditure	Debit Card	i		
Street Address 942 Main St	City Hartford		State CT	Zip Code 06103-1214	ļ		
Description Toms Hotel				Event#			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$359.52	
Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010		Method of Paym	ent	Amount	
Secondary Payee Hilton		Purpose o	of Expenditure	2211 Debit Card	i		
Street Address 315 Trumbull St	City Hartford		State CT	Zip Code 06103-1115	5		
Description Toms hotel				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$234.80	

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010		Method of Paym	nent	Amount		
Secondary Payee Radisson Hotel	el		of Expenditure	2211 Debit Card	i			
Street Address 35 Governor Winthrop Blvd	City New London		State CT	Zip Code 06320-6615	5			
Description Toms Hotel				Event #				
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$139.15		
Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010		Method of Paym	nent	Amount		
Secondary Payee America's Best Value		Purpose o	of Expenditure	2211 Debit Card	i			
Street Address 400 Tolland Tpke	City Manchester		State CT	Zip Code 06042-1765	5			
Description Bus Drivers hotel				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$66.30		

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Foley For Governor, Inc.						
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant Schuyler Merritt Secondary Payee			Date of Payment 10/27/2010 Purpose of Expenditure		nent	Amount
Durham Agricultural Fair Street Address 24 Town House Rd	City Durham	A-RAD	State CT	Zip Code 06422		
Description Durham Fair entry		O.W.	0.11	Event #		
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$15.00
Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010		Method of Payment X Check #		Amount
Secondary Payee The Home Depot		Purpose of	of Expenditure	2211 Debit Card	i	
Street Address 600 Connecticut Ave	City Norwalk		State CT	Zip Code 06854-1616	5	
Description Sign posts				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$78.74

IV. F	EXPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Foley For Governor, Inc.						
R. Itemization of Reimburs	ements to Committee Worl	kers and	Consultants			
Name of Worker/Consultant Schuyler Merritt Secondary Payee Best Buy		Date of P 10/27/ Purpose of A-RAD	2010 of Expenditure	Method of Paym X Check # 2211 Debit Care		Amount
Street Address 1501 New Britain Ave Description	City West Hartford		State CT	Zip Code 06110-1659)	
Is this expenditure coordinated with another candidate for which reimbursement is sought?	lidate(s) Name	Office	Sought	Event #		
Yes X No				_		\$146.79
Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010		Method of Paym	nent	Amount
Secondary Payee NYC DoT		Purpose o	of Expenditure	2211 Debit Card		
Street Address 55 Water St	City New York		State NY	Zip Code 10041-0004	1	
Description Parking				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	didate(s) Name	Office	Sought	•		\$2.50
						<u> </u>

IV. E	XPENDITURES						
NAME OF COMMITTEE					FILIN	NG DUE DATE	
Folev For Governor, Inc.							
R. Itemization of Reimburse	ements to Committee Wo	rkers and	Consultants				
Name of Worker/Consultant Schuyler Merritt			Date of Payment 10/27/2010		ent	Amount	
Secondary Payee Summer Place Parking		Purpose o	Purpose of Expenditure A-RAD		l		
Street Address Summer Place	City Stamford	· !	State CT				
Description Parking				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$2.00	
Name of Worker/Consultant Schuyler Merritt			of Payment Method of Pay 27/2010 X Check #		ent	Amount	
Secondary Payee MTA		Purpose o	f Expenditure	2211 Debit Card	l		
Street Address 347 Madison Ave Bsmt B	City New York		State NY	Zip Code 10017-3702	!		
Description Tolls NYC inbound/outbound				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	date(s) Name	Office	Sought	1		\$8,50	

IV. E	EXPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Foley For Governor, Inc.						
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant Schuyler Merritt Secondary Payee		Date of P 10/27/ Purpose of		Method of Paym X Check # 2211 Debit Carc		Amount
Street Address 24 Whitney	City New Haven	Troop	State CT	Zip Code 06510		
Description Toms lunch				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$19.83
Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010		Method of Paym	ent	Amount
Secondary Payee Wendy's		Purpose o	of Expenditure	2211 Debit Card		
Street Address 306 Prospect Ave	City Hartford		State CT	Zip Code 06106-2028	3	
Description Toms lunch				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought	•		\$31.07

IV. E	IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.								
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
Name of Worker/Consultant Schuyler Merritt			Date of Payment 10/27/2010		ent	nt Amount		
Secondary Payee McDonalds		Purpose of Expenditure FOOD		2211 Debit Card	l			
Street Address 172 Washington St	City Stamford		State CT	Zip Code				
Description Toms lunch				Event #				
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$15.87		
Name of Worker/Consultant Schuyler Merritt		Date of Pa		Method of Paym X Check #	ent	Amount		
Secondary Payee Hula Hanks Black Bear		Purpose o	of Expenditure	2211 Debit Card	i			
Street Address 261 Main St	City Stamford		State CT	Zip Code 06901-2918	3			
Description Toms lunch				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	l		¢33.16		

IV. EXPENDITURES						
	ALENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Folev For Governor, Inc.						
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	ent	Amount
Schuyler Merritt		10/27/	2010	X Check #		
Secondary Payee		Purpose of Expenditure		2211 Debit Card	i	
A&P	I	FOOD	Ī			
Street Address 160 W Putnam Ave	City Greenwich		State CT	Zip Code 06830-5344	1	
Description Women for Foley event				Event #		
Wollien for Foley event						
Is this expenditure coordinated with another candidate for Other Candi	idate(s) Name	Office	Sought			
which reimbursement is sought?						
X No						\$33.53
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	ent	Amount
Schuyler Merritt		10/27/2010		X Check #		
Secondary Payee		Purpose of Expenditure		2211		
Sprint		OVHD		Debit Card	i	
Street Address	City		State TX	Zip Code 75266-0075	_	
PO Box 660075 Description	Dallas		11.)	
cell phone - october (service & BES)				Event #		
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought?	idate(s) Name	Office	Sought			
Yes						
x _{No}						\$70.00

IV. E	XPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	nent	Amount	
Schuyler Merritt			2010	X Check #			
Secondary Payee	Secondary Payee		of Expenditure	2211			
Exxon Mobile		TRVL		Debit Card	1	•	
Street Address 1139 Post Rd	City Fairfield		State CT	Zip Code 06824-6074	1		
Description			1	Event #		•	
gas, rental				Evene "			
which reimbursement is sought? Yes	idate(s) Name	Office	Sought				
X No		+		1		\$74.85	
Name of Worker/Consultant		Date of Payment		Method of Paym	nent	Amount	
Schuyler Merritt		10/27/	2010	X Check #			
Secondary Payee		Purpose o	of Expenditure	2211 Debit Care	1		
Exxon Mobile	Г	TRVL	1			•	
Street Address 1139 Post Rd	City Fairfield		State CT	Zip Code 06824-6074	1		
Description	•		!	Event #		•	
gas, rental							
						•	
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought?	idate(s) Name	Office	Sought				
Yes X No.						#7E 00	
IIAI No						\$75.00	

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.								
R. Itemization of Reimburso	R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Schuyler Merritt			ayment 2010	Method of Paym	ent	Amount		
Secondary Payee Exxon Mobile	Purpose of Expendit TRVL		of Expenditure	xpenditure 2211 Debit Car				
Street Address 1139 Post Rd	City Fairfield		State CT	Zip Code 06824-6074	1			
Description gas, rental				Event #				
Is this expenditure coordinated with another candidate for Other Candwhich reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$75.00		
Name of Worker/Consultant Schuyler Merritt		1 1		Method of Paym	ent	Amount		
Secondary Payee Shell Oil		Purpose o	of Expenditure	2211 Debit Card	i			
Street Address 2512 Albany Ave	City West Hartford		State CT	Zip Code 06117-2505	5			
Description gas, rental				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$74.97		

				IV. EXPENDITURES							
				FILIN	NG DUE DATE						
ements to Committee Worl	kers and	Consultants									
ritt		Date of Payment 10/27/2010		ent	nt Amount						
	TRVL	i Experientire	Debit Card	1							
City Watertown	-1	State Zip Code CT 06795-2624		ļ							
			Event #								
lidate(s) Name	Office	Sought			\$70.37						
	Date of Payment 10/27/2010		Method of Payment X Check #		Amount						
	Purpose o	f Expenditure	2211 Debit Card								
City Hartford		State CT	Zip Code 06103-1214	ļ							
			Event #								
lidate(s) Name	Office	Sought			\$382.06						
	City Watertown didate(s) Name	Date of Pa 10/27/ Purpose o TRVL City Watertown Date of Pa 10/27/ Purpose o TRVL City Trive T	10/27/2010 Purpose of Expenditure TRVL City Watertown Date of Payment 10/27/2010 Purpose of Expenditure TRVL City State CT State CT City State CT City April 10/27/2010 Purpose of Expenditure TRVL City Hartford State CT	Date of Payment 10/27/2010 Purpose of Expenditure TRVL Debit Card City State CT Debit Card Event #	Date of Payment 10/27/2010 Purpose of Expenditure TRVL						

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Foley For Governor, Inc.						
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant Schuyler Merritt			Date of Payment 10/27/2010		ent	Amount
Secondary Payee Days Inn			f Expenditure	2211 Debit Card	i	
Street Address 207 Brainard Rd	City Hartford		State CT	Zip Code 06114-2102	2	
Description bus drivers hotel				Event #		
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$75.81
Name of Worker/Consultant		Date of P	of Payment Method of Paym		ent	Amount
Schuyler Merritt		10/27/	2010	X Check #		
Secondary Payee Holiday Inn		Purpose o	f Expenditure	2211 Debit Card	i	
Street Address 3580 E Main St	City Waterbury		State CT	Zip Code 06705-3850)	
Description Schuylers hotel				Event #		
Is this expenditure coordinated with another candidate for Which reimbursement is sought?	idate(s) Name	Office	Sought			
Yes X No						\$114.95

IV. EXPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE	
Foley For Governor, Inc.							
R. Itemization of Reimburso	R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant Schuyler Merritt Secondary Payee				Method of Paym X Check # 2211 Debit Carc		Amount	
The Home Depot Street Address 600 Connecticut Ave	City Norwalk	Misc *	State CT	Zip Code 06854-1616	5		
Description sign posts & ties				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$278.53	
Name of Worker/Consultant Schuyler Merritt		Date of Payment 10/27/2010		Method of Payment X Check #		Amount	
Secondary Payee PriceRite		Purpose o	of Expenditure	2211 Debit Card	i		
Street Address 1869 Dixwell Ave	City Hamden		State CT	Zip Code 06514-3145	5		
Description Toms Lunch Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought	Event #			
Yes X No						\$17.14	
				Total of Se	ection R	\$12,898.69	

IV. EXPI	ENDITURES					
NAME OF COMMITTEE				FII	LING DUE DATE	
Foley For Governor, Inc.						
S. Surplus Distribution of Equipment and Furniture						
Name of Recipient					Original Purchase Amount of Item	
Street Address	City	State	Zip Code			
Description	•	•				
			Total of Section	on S		